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Photo: Lotte Meitner-Graf, A.R.P.S.

HERMAN NUNBERG, M.D.

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TO
HERMAN NUNBERG
ON HIS SEVENTIETH BIRTHDAY

DR. HERMAN NUNBERG has lived to see his contributions to psycho-analysis firmly established among the classics in our field. The position he holds as a man of science and as a teacher is rivalled by but few living analysts. His espousal of the new science and of the cause of psycho-analysis was total and monogamous from the beginning, and his unflinching dedication to the work and word of Freud has remained unchanged throughout a lifetime. His *Allgemeine Neurosenlehre* was praised by Freud, on its publication, twenty years ago, as the most complete and conscientious presentation of the psycho-analytic theory of neurosis. Of his many published papers we can say that each without exception represents a major step in the development of his thinking and an important contribution to our knowledge. None of them lacks excellence, nor could any be termed insignificant—a distinction rare even in our highly selective literature. Nunberg's untiring search for answers to the questions opened up by Freud's work, his selection of preferred subjects, and the ways in which he approaches them, bear the imprint of his sharply defined personality: of his striving towards fundamentals, his keenness and strictness of reasoning, and his unfailing scientific objectivity. Since these are essential characteristics of the man Nunberg, we feel safe in predicting that the work we expect of him in the future will also be in line with the norm of achievement he has set himself.

As analysts we are ready to admit that there is some element of magic belief in the good wishes we are accustomed to present to our friends on significant occasions. Yet, if we have passed beyond believing in the omnipotence of our wishes, we may still allow ourselves to continue the custom, and to appreciate well-wishing as a sign of the friendship and esteem it conveys. May I, then, on the occasion of his seventieth birthday, extend to Herman Nunberg the warmest and sincerest wishes of all the members of the International Psycho-Analytic Association.

HEINZ HARTMANN.

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Part 1

EVALUATION OF THE RESULTS OF PSYCHO-ANALYTIC TREATMENT¹

By HERMAN NUNBERG, NEW YORK

In order to evaluate any therapeutic method, it is necessary to compare it with other methods. But I know only one psychotherapeutic method, and that is psycho-analysis. Being thus deprived of the opportunity to compare, I should perhaps stop here. However, having consented to participate in this symposium, I had to find some kind of approach to this problem. It occurred to me that the only possible way to ascertain the value of changes brought about by psycho-analytic treatment is to scrutinize these changes in the framework of Freud's concepts. (I shall refrain here from referring to the many contributions by other psycho-analysts to this subject.)

In order to do so, one should first examine the problems of mental health and illness.

As to the first problem, we can be brief, because no one has been successful as yet in giving a clear-cut picture of the mentally healthy person. Whether a man is considered healthy or ill depends to a great extent on the milieu in which he is living. What, for example, would be considered as a heavenly revelation in a certain religious community, might be regarded as mental disorder in another community. When as a very young psychiatrist I discussed with my colleagues the problem of mental health or illness, we finally arrived at the conclusion that mental health ends at the gates of the mental hospital. Although definitions of mental health or illness are more refined nowadays, they are nevertheless no more precise.

How confusing mental illness may sometimes be for the observer may be illustrated by the following true story: A famous psychiatrist said after the examination of an insane man

who had made an assault on the life of the Emperor William II, that at the end he did not know whether he was insane or the patient was. Not infrequently similar ideas enter our mind when we talk with our patients. Sometimes a patient seems so disturbed that we are reluctant to accept him for treatment. But if nevertheless we have taken him, and begin to understand him after a while, we may find that he is not quite so ill, and sometimes think that in similar circumstances we might perhaps not have behaved differently. Had we not accepted the patient for treatment, we should have missed the opportunity to have the experience that initial understanding and temporary identification with the patient provide us with an access to the healthy part of his ego which often paves the way for a regular and successful analysis. The analyst who has undertaken to treat such a patient will have an opinion about the value of analysis as a therapeutic method quite different from that of the analyst who did not even try to start the treatment and thus to understand the patient.

Let us take another example, also from real life: one analyst dismisses a patient as not curable, or the patient leaves him dissatisfied and turns to another analyst who cures him. Why is one analyst successful while the other is not? Certainly, the reason must rest with the analyst and not with analysis.

It is obvious in this connection that the evaluation of analysis as a therapeutic method depends on the environment as well as on the personality of the analyst. Besides, let us not forget that in all psychological evaluations the personal equation plays a very important part.

¹ Paper read at a Symposium of the Boston Psychoanalytic Association on 28 February, 1953.

As it is difficult to define mental health, so it is difficult to define mental illness. If we turn our attention to an extremely pathological case, a schizophrenic, we are impressed with his awareness of certain ideas, strivings, or wishes which, in a neurotic or a normal person, are hidden under a heavy crust. What a schizophrenic reveals without inhibitions, we can see in a neurotic only after prolonged analysis. What is unconscious in a neurotic seems to be conscious in a schizophrenic.

As is known, the analytic method uncovers the unconscious wishes, phantasies, and strivings of the id.

The unconscious exists in the id in two conditions: in a repressed and in a non-repressed state. Neither is pathogenic by itself. Only when the repression fails does the repressed unconscious become pathogenic. Since repression is a function of the ego, failure of repression seems to be due to a weak ego. A comparison of narcissistic and transference neuroses may shed some light on this question.

In the pre-neurotic or pre-psychotic stage, the repressed material in both types of neurosis, though latent, not active, is nevertheless endowed with a certain quantity of cathexis or psychic energy. If the cathexis increases, the repressed material acquires such a momentum that it invades the ego and breaks down its main defence, the repression. As a consequence of the weakening or breaking down of the barrier between id and ego, the repressed material returns from the obscurity of the id and takes possession of a part of the ego or of the whole ego. At this point either a psychosis or a neurosis begins to take shape. In the narcissistic neuroses, the libidinal cathexes are withdrawn from the object representations of the external world; the latent phantasies become conscious and replace reality. The reality-testing function of the ego is thus immobilized or destroyed. In the transference neuroses, the repression is likewise broken down and the repressed material also returns from the obscurity of the id, but the results are much less devastating. The libidinal cathexis is not withdrawn from the external world; the sense of reality is practically not much damaged.

In both cases, then, the repressions are broken down, but in psychosis the ego loses contact with reality; in neurosis it does not, or does so only in a very limited way, namely as far as the neurotic complex is concerned. The first therapeutic task, then would appear

to be the establishment of a contact between the patient and reality, for instance, the analyst. In neurosis this task is comparatively easy; in psychosis very difficult, if not impossible. *In neurosis such a contact will not be considered a remarkable achievement. If the analyst is able to establish such a contact in psychosis, it will be considered a great success.*

Establishment of contact with the patient is not, of course, identical with a cure. It is merely a vehicle for the treatment, and signifies the beginning of a transference relationship. In an ideal case the transference is completely resolved when the patient becomes free and independent at the end of analysis. This goal can be achieved—sometimes sooner, sometimes later, sometimes not at all. In fact, there are patients who need treatment for a very long time, and yet that does not say anything about the therapeutic value of psycho-analysis. A diabetic needs medical supervision for the rest of his life, and nobody would blame medicine for not having cured him at once. *It is obvious that the time element cannot be used as a criterion for the evaluation of psycho-analytic results.*

Perhaps examination of the concept of consciousness will give us more certainty.

The same material which in schizophrenia is conscious, in neurosis requires a great effort to be brought into consciousness. If it is true, and it is true, that the first therapeutic task is to convert the repressed unconscious into conscious material, one may think it is easier to achieve this goal in schizophrenia than in neurosis. However, clinical experience shows the opposite.

When the ego of the schizophrenic breaks down and loses contact with reality, it behaves as if it were the id. In order to make it easier for myself at this point, I should like to remind you of a few theoretical concepts. In the id, all psychic material is subject to the primary process. This process means that the psychic energy in the id is mobile, shifting easily from one psychic element to another; in brief, the id is chaotic. In the ego, the condition of the mental energy is quite different. The ego is preconscious; its contents are therefore subject to the laws of the secondary process. Under its influence the psychic energy becomes bound, stable, not shifting from one element to another. In other words, the psychic processes in the ego are logical, not contradictory, orderly. When id-material is going to become

conscious, it has first to enter the ego where it acquires the quality of being preconscious; in the ego it undergoes changes according to the laws of the secondary process. If the material thus transformed satisfies certain demands of the ego, as for instance, those of the superego or of reality testing, it enters consciousness. In other words, it is then perceived by the perceptive apparatus of the ego, and, possibly expressed in words and actions.

In schizophrenia, the ego is altered; to a great extent it has lost contact with reality. It has lost also the reality-testing function, the faculty of discerning between external and internal experiences. In addition, parts of the superego are dissolved, and with them the faculty of self-criticism. If we consider the fact that the ego of patients of this type is invaded by the unconscious material of the id which has eluded the elaboration of the secondary process; if we further consider the fact that the schizophrenic treats the external world as if it were his internal world and *vice versa*, it becomes obvious that his consciousness, though apparently the same, is not really the same as that of a normal or a neurotic person. His language is not our language; there can hardly be mutual understanding. If the difficulties of transference are added, it seems almost impossible to transform the schizophrenic's 'consciousness' into that of a normal person. Sometimes, however, one does succeed in freeing the preconscious material from the domination of the primary process. Thus purified, it comes under the domination of the secondary process and enters consciousness. At the same time the overflow of the repressed material, which is a projection of the unconscious into the ego, is pushed back into the id and repressed again. *If the 'miracle' of such a transformation happens, it represents an enormous achievement of psycho-analytic endeavours.*

The ego of the neurotic treats the onrush of the repressed unconscious material in a different way. When the repressed material threatens to overflow the ego and to force itself upon its consciousness, this ego, though relatively weakened, is still strong enough to reinforce the original repression and to push the repressed material back into the id. In support of the original repression, the ego then mobilizes counter-cathexes which activate various kinds of defences (after expulsion). Out of the conflict between the repressed unconscious id and

the ego with its defences, symptoms and character changes evolve. As a rule, the ego succeeds in keeping the id-drives from consciousness.

Analysis, on the contrary, endeavours to lift the repressed unconscious material into consciousness. If it is successful, the infantile amnesias are filled in or the first five years of childhood are reconstructed. It is known how difficult a task this is. As some of the recollections are screen memories, others confused with phantasies, or displaced and condensed as to time and milieu, the material thus obtained is still in a state of chaos. It has to be complemented and rearranged; briefly, through the process of working through, order has to be established in the mind of the neurotic. Some patients lose their symptoms only after this entire process has been completed, others not even then, and still others before the completion or soon after the beginning of treatment.

The best is the first group. Patient and analyst are satisfied and no-one talks any more about the treatment. *The most precious material for evaluation of the results, however, is lost.*

The worst is the second group. Here criticism of analysis is the loudest. *But one group of patients who cannot be cured by psycho-analysis in no way diminishes the value of psycho-analysis as a therapeutic method.* First of all, this type of patient is not cured by any other method, so far as I am informed. Secondly, not even in physical medicine are all patients cured. Besides, there are those cases for which it would not be desirable to be deprived of their neurosis, patients for whom it would be more difficult to endure the misery of reality than it is to endure the misery of illness. Parenthetically, slight hysteria may protect a young girl from the dangers of promiscuity.

With the third group, the assessment of the value of psycho-analysis as a curative method is somewhat more complicated.

Some patients lose their symptoms after a short analysis and wish to break off the treatment. Since the analyst has hardly scratched the surface of their neurosis, he advises them not to stop. But, as they themselves feel cured and satisfied, they praise the analyst and nevertheless do stop. The best the analyst can do in such cases is to be prepared to take them back as soon as they suffer a relapse, or hope that nature will take care of the curative process initiated by him.

Other patients, again, likewise lose their

symptoms prematurely, but after a longer treatment, characterized by reproduction of a considerable amount of repressed material. A patient came to me for treatment of excruciating pains which still persisted after he had gone through a gastro-enterostomy and resection of the stomach for the cure of his peptic ulcers. When he was almost entirely free of pains after about half a year of treatment, he showed an intention of stopping the analysis. I discouraged him, of course, since I understood only a fraction of the abundant material; and consequently he understood even less. It was obvious that this material required a thorough working through, which could not possibly have been accomplished within such a short period.

Another patient, a fetishist, sexually impotent, to a great extent lost his interest in the fetish after a year and a half of treatment, fell in love with a girl, and even became sexually potent with her. He was enthusiastic about the results of his treatment and intended to marry the girl at once. Although I do not like to arrogate to myself the role of fate, nevertheless I discouraged the patient from marrying for the same reason for which I did not let the other patient stop his analysis: the material was not sufficiently worked through. In addition, I feared that marriage would interfere with the analysis and, in my opinion, an undisturbed continuation of the analysis was more important for the patient than immediate marriage.

So we find ourselves, at times, confronted with a paradoxical situation in which the patient and his family are satisfied with the therapeutic results, and the analyst is not.

Analysis of course does not merely free the patient from his symptoms. It does more for him: within certain limits, it changes his character. There hardly exists a symptom-neurosis without a character-neurosis. They form a complementary series at the one end of which the symptom prevails, at the other end of which the character in itself seems to be a kind of symptom. The disappearance of a symptom cannot be considered permanent so long as the corresponding character-trait or attitude of the ego persists. It also happens, of course, that the symptom disappears only after the corresponding attitude of the ego or of its behaviour has been analysed. Anyway, while the disappearance of the symptom is often dramatic and very impressive, the character-change is mostly latent and for a long time unnoticed by

the patient as well as by his environment. Only much later and in special circumstances may it become obvious how much the patient's behaviour has changed. Therefore, the disappearance of the symptom is more appreciated than the change of the ego. However, the change of character does not always please the environment. For instance, the husband who was a submissive, meek, and passive person has become active and independent. The wife, herself active and independent, may not like this change. *The question whether loss of symptom or change of character is more important is immaterial, for it is the change of ego-reactions which makes the cure of a symptom dependable, at least most of the time.*

The secondary gain of illness is often a serious obstacle to a complete cure. If the symptom lives with the ego in a kind of symbiosis and is not felt as a foreign body, it is very difficult to effect a real cure. The same is true of character disorders. As long as certain pathological character-traits or ego-attitudes are not felt as foreign, as something which is in disharmony with the other ego strivings—no matter how detrimental they may be for the whole personality—the character is not accessible for analysis. Such character deviations are protected by narcissism, by self-love which would not even admit a character weakness. For these reasons it is difficult to treat character-neuroses. However, it is not the psycho-analytic method that can be held responsible for failures, but the peculiar structure of these neuroses.

Symptoms as well as neurotic character-traits indicate a split in the ego. From symptoms, the patients suffer; from character distortions, they do not suffer consciously; and if they suffer misfortunes or disappointments, they usually ascribe them to external circumstances. They lack insight into the causative part played by their ego.

In the neurotic struggle between ego and id, where the ego fights for the supremacy of reality, a part of the total ego is finally overwhelmed by the id, then repressed and cut off from the unaffected parts of the ego. The repressed part undergoes certain changes, for instance regression, and appears then as a strange character-trait which is neither understood by the intact ego nor accepted into its organization. Consequently, two or more ego-attitudes coexist, each independent of the other. I have not in mind now the evident

splits of the ego in schizophrenia, depersonalization, or fetishism. I have in mind rather those seemingly insignificant splits which may even pass unnoticed.

It is obvious that an ego from which a part has been cut off is weakened. Certainly, through analysis, through converting the unconscious part of the ego into a conscious one, the estranged part is integrated with the intact ego. *The gain for the patient is clear: the ego becomes more independent of the instincts and gains mastery over them; it becomes solidified, hence stronger. But how evaluate this success?* The integration of the ego is far less impressive than the disappearance of a symptom; besides, the rift in the ego is not always healed completely, often there remains a scar in place of the rift. *Yet, more often than not, the patients are happy when the ego is only partially solidified and do not even know how much could still be done. After all, whose ego is made of one piece hewn out of solid rock?*

In order to interrupt these dry, theoretical considerations, I should like to insert at least one clinical example of the meaning of an apparently insignificant distortion of the ego. The patient who suffered from ulcer pains was a physician. He once mentioned casually that he did not display his doctor's diploma in his office, nor a doctor's sign at his door, nor ever carry a doctor's bag. He used to carry a briefcase on his professional visits, something which in no way resembles a doctor's bag.

His father was a great scholar who had tried to convey his knowledge to the son. But the son was an inattentive pupil, forgetting his lessons from one day to the next. When he finished high school, he declared his intention to study medicine. His father objected, maintaining that he had neither talent nor inclination for study. In spite of this opposition, he went to college and registered as a pre-medical student. However, he took only a minimum of science courses and instead devoted most of his time to the study of the classics. In the course of these studies he wrote a theme which he showed to his much-admired professor before it was finished. The latter was very impressed with the paper and warned him not to rush its completion but to continue to work on it patiently during the forthcoming vacation; he told him, moreover, that he planned to publish the paper after its completion. The student never touched it again, turned all his energy to science, entered medical school and became a

doctor though consistently hiding the external evidence of his profession.

He played two parts: that of a doctor, which he consciously wanted to be, and that of a non-doctor, which he evidently also wished to be, though unconsciously. It is easy to guess that the latter represented a deferred obedience to his father who had not wanted him to be a doctor. Yet a deeper factor may have been responsible for this split in his ego. When studying with his father as a young boy, he would press his hand against his penis under the desk and think about all the occasions when he had seen his father's genitalia. Hiding the evidence of his profession, he certainly exhibited deferred obedience to his father, an obedience based on his homosexual attachment to him. This attachment was so strong that he transferred it into a sublimated, faithful and lasting friendship with the same professor whose praise had caused him to drop his studies of the classics and to turn completely to medicine. That is, of course, not the whole story; but it is sufficient, first, to catch a glimpse of the deeply-rooted conflict and, secondly, to imagine the relief the patient felt when he became aware of the roots of his ambiguities in relation to his profession.

Integration of the ego means essentially synthesis or assimilation of the repressed material. All that which is repressed, instincts as well as parts of the ego, is under the domination of the primary process. Everything in the id is in a constant state of fluidity. In addition, the unconscious has no sense of time, no sensitivity for contradictions, and no ability to distinguish between psychic and external reality. The ego, a preconscious psychic agency, is dominated by the secondary process. The psychic energy of the ego is not fluid; it is bound. Freud says that the binding of psychic energy manifests itself in the tendency of the ego to synthesize the amorphous psychic material incoming from the id. The ego develops a sensitivity for contradictions, tries to eliminate them, to unify what belongs together and to segregate what does not belong together, to generalize, and so on. It also acquires the sense of time and reality. If we compare, then, the patient's state of mind before his analysis with his state of mind afterwards, we can see the following picture: before the analysis, he confused the past with the present. Afterwards he is able to distinguish between his ideas and wishes belonging to the past and those which can be materi-

alized in the present. While, before, he was confused to a certain extent as to mental and external reality, he has now learned to adapt himself to reality, for instance to see that his wife is not his mother, that what he expected from his mother in the past he cannot expect from his wife in the present, and so forth.

Of course, not all these changes can clearly be seen together in one patient. In one case a particular change predominates; in another case, a different change. Only in an ideal case can all these changes be seen together. Ideals are indeed rare and can seldom be materialized in real life. Why expect more than the possible from analysis? Not only is mental activity enormously complicated, but so is the curative process. In fact, when we try to separate all the changes effected by treatment, we do so rather for didactic purposes. *For the healing process initiated by the analytic treatment seems to be non-selective, but taking its own course to embrace the total personality. It is true, though, that one case is better integrated, and the other not so well. Exactly why this happens, we cannot say most of the time.*

So I could go on indefinitely trying to find reliable, unequivocal criteria for the evaluation of the results of psycho-analytic treatment. I doubt whether I should be successful.

However, since all mental activity is regulated by an economic factor, illness is likewise regulated by this factor. If we consider mental disorders as to their effect, the following becomes evident: in schizophrenia the patient, by overcathecting preconscious ideas, struggles to regain reality; in other words, to reconstruct the lost object world. The clamorous symptoms, hallucinations, and delusions thus represent a spontaneous attempt at recovery, an attempt to re-establish psychic equilibrium, towards which the ill as well as the healthy are

striving. A similar attempt is made in transference neuroses; in conversion hysteria, the psychic conflict is brought to an end with the establishment of the symptom; in phobias and compulsive neuroses, the conflict is appeased over and over again by attempts to stabilize the symptom. The patient then gains a certain degree of peace, as long as the counter-cathexis can bind enough energy in the symptom.

The concept of balance of powers within the psychic systems, of a psychic equilibrium, suggests, therefore, that the entire concept of psychic health or illness is indeed based on quantitative factors. When the interplay of certain amounts of psychic energies ends in an equilibrium, then the strivings of the id are in harmony with those of the ego and superego, and we see a picture of mental health. A disturbance of this equilibrium produces disharmonies within the personality, and we have the picture of mental illness. However, the tendency to smooth out psychic conflicts and to bring about a balance of powers is so irresistible that even in illness such an equilibrium of energies is, in a sense, established, although this equilibrium is of a labile nature. *If we could measure the quantities of psychic energies, it would be easier to determine the extent of mental health or illness. But we cannot measure them.*

Therefore we can only return to one of the oldest formulations concerning the results of psycho-analytic treatment. It is a very simple formula: when the patient is able to work and to love, he can be considered practically cured. Of course, this is not a scientific formula. However, deeper knowledge and understanding of psycho-analysis may at some future time provide us with more exact formulations.

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THE AUTOPSIC ENCUMBRANCE

SOME REMARKS ON AN UNCONSCIOUS INTERFERENCE WITH THE MANAGEMENT OF THE ANALYTIC SITUATION

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I

A few years ago certain typical stages in the development of the doctor's relation to his patient were outlined by B. D. Lewin¹ and explained on the basis of the fact that the medical man's first 'office' is the dissecting room, and his first 'patient' the corpse. Confining his observations, except for an occasional reference, to the physician, the author writes: 'As a medical student, the doctor begins his professional training not on the analytic couch, but as a dissector in the anatomy laboratory. He immediately has a "patient", the cadaver. The cadaver, he recognizes, is not meant to be an individual but a type. The manual skill and knowledge he gains by dissecting are to be transferred later to living patients. The student is supposed to be emotionally detached from the cadaver and usually assumes uncritically that he is. But, psychologically considered, this is hardly possible. The student derives much satisfaction from his work. His relationship to the cadaver is an outlet for many sublimated, active, libidinal drives, as well as those of mastery and power. The cadaver, completely passive and unresistant to the dissector's intentions, is an ideal object for such satisfactions. Intended to be a prototype of all future patients in certain rational respects, the cadaver easily comes to be the student's ideal of a patient in all respects. . . . The pre-clinical studies prepare the student to apply laboratory knowledge and skills to his human patients, often directly. The scalpel he used on the cadaver is now to be used on his surgical patients; the digitalis he administered to his pharmacological laboratory "preparation"—a frog or a cat—is to be prescribed for cardiac cases. . . . He must be as confident and as unruffled in using the knife or the drug clinically, as when he worked in the laboratory.

. . . Unconsciously, along with skills and knowledge, much of the psychological relationship to the cadaver is carried over to living patients. . . .

. . . it was the wish that the patient might be as amenable to dissection as the cadaver that led to the invention of general anaesthesia. Magendie, "Father of Physiology", stated directly that "they intoxicate their patients to the point of reducing them, so to speak, to the state of a cadaver which one can slice and cut at will without causing pain" . . . And: "the 'gallows humour' . . . turned up on the wards as a hearty bedside manner, for which certain physicians . . . (frequently ex-anatomists and pathologists)—. . . became famous. . . . Finally: "The fixation on the corpse expressed itself in internal medicine as well as in the surgical specialities. In many of the best hospitals, at one time, therapy, in theory, was considered irrational. Therapeutic nihilism meant that after a thorough "examination," (Laennec's adumbration of the autopsy) and the "diagnosis" (the guess as to what would be found there), there was nothing to do but wait for the clinical pathological conference. In some schools the cadaver was percussed again and the finds mapped by pins just before the autopsy. . . .

There is, finally, one particular point in the exposé from which these selections are taken that could bear emendation. The author mentions that in the fourteenth century 'when anatomy was young, the student at the School of Salerno said mass each morning for the salvation of the cadaver's soul', but he is nevertheless of the opinion that the fact 'that the cadaver was once alive is psychologically of no importance'. It is here that the scope of the observation might be enlarged. The student satisfies on the cadaver a curiosity that,

¹ 'Counter-Transference in the Technique of Medical Practice', *Psychosomatic Medicine*, 13, 3, 1946.

derivative of the sexual curiosity of the child, is in part curiosity about himself. Unconsciously he identifies therefore with the corpse and, in so doing, re-endows it with a varying measure of life. He performs thus what might perhaps be termed the archetype of introspection. If the identification requisite to this performance remains latent it is, nevertheless, apt to become manifest subsequently when the young doctor (student-pathologist and -clinician) is afraid of suffering from the illnesses that he studies. Since his fear has its ultimate origin in the dissecting room he attaches it, with almost equal frequency, to fatal conditions in the living, and to the inanimate printed word. It is as though the latter became the precipitate of the voice of the 'revenant', the cadaver. This unconscious significance of the 'complaints' voiced by the patient and the 'symptoms' printed in the text-book as words, living and dead, respectively, cannot fail to bear—if the doctor eventually becomes an analyst—upon his exercise of a therapeutic method, dependent almost exclusively on the spoken word and its auditory perception.²

II

The pertinence of the foregoing observations to the psycho-analyst's education becomes most easily evident if they are scanned in reverse order. When the doctor enters neuro-psychiatry he finds himself in a field dominated by the nihilism of Lewin's description. The psychiatrist's outlook is, as it necessarily must be at present, 'autopsic', whether localization is performed on the anaesthetized or on the dead. (Charcot is said to have engaged a house-keeper suffering from multiple sclerosis merely in order to correlate, at the cost of much broken crockery, her parapractic ministrations with the finds of her post-mortem.) If the psychiatrist becomes an analyst he is actually looked upon, during his training period, as a patient, and must learn so to look on himself. His didactic analysis teaches him to identify with the objects

of his care, and in so doing compels him to repeat realistically the illusory self-observations of the medical student. He is, furthermore, taught to perform 'interminably' on himself the procedure performed 'terminably' on him; he is induced, in other words, to perpetuate in a measure and in certain respects, the identification with his patient. The relaxation promoted by the use of the couch and that obtained by the use of the anaesthetic have enough in common to lend pertinence to Lewin's quotation of Freud as speaking of the analyst's 'surgical coolness'; while the 'relinquishment of therapeutic ambition', indispensable as it is, bears enough resemblance to therapeutic nihilism to preserve the mentality of the neuro-psychiatrist in the beginner. Thus the development of the analyst is retarded. From the point of view of his individual evolution he is delayed in his psychiatric period; historically, in the period that began with Bichat and Laennec.

When the student analyst begins clinical work, some of his typical difficulties herein-after to be described are traceable to his psychiatric training, and reducible to his medical education. They become understandable on the basis of the regressive interpretability by his unconscious of the analytic office as the dissecting room and the patient as the cadaver.

The analytic situation, misunderstood as it were unconsciously as the morgue, is conducive both to a defective object-relation and a mis-identification. It is in consequence of the latter that the passivity, induced in the patient by the use of the analytic couch, becomes the analyst's passivity in the analytic chair. The meaning, however, of passivity is, according to a convincing discussion-remark made by Nunberg, in a meeting of the New York Psychoanalytic Society, 1951, in the last analysis that of death.³ Both patient and analyst are deprived of speech in so far as the latter is the ordinary means of exchange of emotion and thought between humans—a deprivation inter-

² The survival in the medical man's unconscious of his first patient beside the later ones explains a small but ubiquitous symptomatic action, observable when one is oneself sick and demonstrative, with the help of the printed word, of the patient's twofold meaning as a corpse and as patient to the physician. The doctor, however courteous and considerate in his examination, will rarely fail to seize swiftly upon one's reading matter (apt to lie on the bedside table when being visited or deposited somewhere when visiting) and to inspect it gratuitously with complete lack of manners. It is here that the inanimate word, representative of the cadaver, is appro-

priated as the patient's 'double' and made the object of a curiosity, unsublimated although displaced. (This observation, although made at various occasions, and in two continents, may nevertheless not be applicable to England.)

³ Watched, these days, by the public eye we are of necessity but of cartoonist and jokester. Their productions, while often fatuous, are sometimes penetrating, if unfriendly. This is the latest of them that I have been told: 'The five-o'clock patient turns around and finds the analyst dead. The coroner subsequently establishes that death had occurred at two.'

pretable under the influence of the identification as an approximation towards the state of the dead. Bedside-manner, derived from the 'gallows humour' by Lewin, is absorbed into the ritual of the patient's entry and exit—a ritual suggestive of more passivity and more 'resemblance' to the dissecting-room and cadaver. An appreciation finally, in this particular context, of the fact that patient and analyst, occupants of the couch and the chair behind it respectively, do not look at each other, requires the application of certain discoveries of Abraham to a common utterance of the patient. 'I never knew', he is apt to say after years, 'what you looked like. . . . To-day I took a good look at you for the first time'. (With a male analyst it is preferably the female who may be explicit about this, while the male patient may be more likely to act it out by keeping his face turned away should, e.g. matters of schedule be discussed after he has arisen.) Preliminary consultations face to face or the analyst's opening the door for the entering patient do not alter such 'blindness' which is maintained in spite of many remarks to the contrary about the appearance of the analyst, his physique, his facial expression, or details of his clothing. The remarks are 'historic', the blindness behind them 'archaic'; the transference-object not seen is a parent from early childhood whose cathexis becomes at times that of the object-world. Not seeing him is not seeing the world, and is equivalent to the darkness which Abraham was the first to recognize as representative of the grave.⁴

If the analyst misidentifies with the patient and reciprocates his behaviour he will not sufficiently conceive of the patient as alive. He will, for instance, to give but one example, duplicate a protracted silence of his patient and remain unaware of the absurdity of the situation.⁵

When I was first charged with holding clinical conferences the patient was not infrequently introduced as a '26-year-old white male,'—a description equally applicable to the living and to the dead; and diagnosed as 'a hysteria' or

'a compulsion neurosis'—an imitation of the pathologist who will speak of the subject of his post-mortem as 'a cancer' or 'a leukemia'. With the improvement of the curriculum this imitation has disappeared. But there is still an observable inclination to establish a 'history' of the patient in excess of the data requisite to a decision for or against his treatment; and a disinclination to have the past come alive in the present, and while it is being transferred: psychiatric habits, derivable, in the last analysis, from the pathologist's interest in the medical history of the corpse. There is, further, not infrequently a limitation of interest in the beginner, to the unconscious in terms of mechanisms, defences, and drives, isolable and *quasi*-'inside' the patient. The action perhaps most conspicuously symptomatic of this limitation is the unhesitating attempt to analyse dreams, which are seized upon as though they actually were the 'insides' of the 'anaesthetized' sleeper, representative of the corpse. It is because of this unconscious representation that the possibility of doing damage by such unoriented procedure is rarely realized even when the analyst is aware that the possibility of a psychotic make-up of his patient has not yet been excluded.

III

There is a phase in analysis—sometimes short, sometimes long, and sometimes repetitive throughout the course of the treatment—devoted to the gradual initiation of the patient into an unprecedented procedure. Its success depends altogether on the ability of the analyst to conceive of his patient as alive in the present, and struggling with thought, conscious and pre-conscious, and with feelings, suppressible only through motor activity and motor inhibition. Here current life, recent past, desires, doubts, preconceptions, are transferred, much like day residues in the dream, and the individual so transferring is in great need of an orientation in the realities of the analytic situation. A young married woman, for instance, is made increasingly ill in the initial months of analysis,

⁴ Cf. 'Transformations of Scopophilia' (*Selected Papers of Karl Abraham*. London: Hogarth Press, 1949). In particular:

p. 202: darkness representing death;
p. 204: confinement to a dark room productive of the feeling of being buried alive;
p. 221: inability of visualizing parents;
p. 233: 'dead' father becoming incorporeal and unbearable to look at.

⁵ Cf. Abraham's 'Where there is Sound, there is Life', *Ibid.*

Hanns Sachs—one of the earliest training analysts of extensive experience but no medical education—told me once that he determined the aptitude of a student in supervision by asking himself: 'Are the people of whom he talks alive?' In Freud's work, he explained, 'every-one lives; if you bring to analysis the ability to see your patient as a living person you can learn the rest.'

because to her, the immediate transference of violent and overfly sexual strivings upon the analyst are signs of marital infidelity, and so conflict with her love for her husband; she must become more neurotic in order not to become more immoral. If this is not seen first, if her unconscious is misemployed for obscuring the person, if, in other words, Mrs. X is not 'met' before being analysed, she will never be analysed to advantage.

Again, a middle-aged widow upon entering treatment produces abundant physical symptoms, describes them minutely with particular emphasis on their localization, and ends her reports in a medical diagnosis with an air of finality. "What good will talking do?" is her only response to the request for association. She is transferring; one discovers, her recent past which was filled with 'physical' ailments, examinations and diagnoses terminating invariably in a doctor's prescription and the promise that it would 'do her good'.—A somewhat blustering male fills the hours with soliloquy in the form of a dialogue ('You say to yourself: you don't want to do that', etc.) and with confessions; he had been under the care of a psychotherapist, 'talking things over', and a priest.—A female (finally), of my own observation cries frequently when associating, irrespective of whether the thought expressed justifies crying or not. She is paradigmatic for the clinical picture described by Abraham⁶ of the woman who, by incorporating it, has become the paternal phallus and urinates from it in displacement; while, at the same time, crying over her castrated complexion. In the first weeks, she does not fail to supply readily the components of the picture: her parents' wish for a boy, a kleptomaniac episode at the end of the phallic phase, the adoption in adolescence subsequent to the father's death of the name of an ancestor who had founded a church. Last not least, she emends her previous report on a love affair, characterized as consummated through kissing, to the extent of protracted vulvo-perineal contact with the phallus without climax on either side, making it evident that both organ and act of incorporation must be denied, and instead, the phallus 'possessed' in the sense explained by Abraham with the help of the etymology of the word.⁷ Needless to add that her silences are of the

mixed urethral and anal-erotic type⁸; and that she gives the impression of an essentially 'infantile' sexual organization. It is not, however, this *picture* that is made subject of the analysis in the beginning; it is the *person*. For the first time in her life, this person is found engaged in confiding; and labouring under the task, without precedent in her existence, of relinquishing all reserve. In this struggle, 'talking', although over-determined as urination, female fashion, means—talking; and 'silence', although over-determined as sphincter closure, means—silence. Crying, finally, over-determined as symptomatic of urination, male fashion, and grief over the loss of the phallus, is in the first place expressive of self-pity, shame, and humiliation. It is the affective reaction to the present situation that combines with the overdeterminants from the past in restricting the volume of speech, impairing enunciation, and rendering crying preclusive of speech. The present is thus conditioned by the transference upon it of the recent past of an individual habitually afraid to 'speak up', apt to 'keep her mouth shut', instead, and accustomed to crying alone. Being alive to this, one is soon rewarded, in the course of a painful confession, by an unexpected improvement upon the prognosis: the patient has, long before entering analysis, achieved vaginal response with partners, and orgasmic gratification alone; her sexual organization is not, in other words, essentially infantile but mature.

It is surprising to see this particular phase of analysis rarely taught; and difficult to avoid the suspicion that the 'dead' past is sometimes preferred to the 'living' present in perpetuation, unconsciously, of the doctor's relation to his 'first patient'.

IV

One concluding observation: amongst the many reasons for the difficulty encountered by the analyst in eliciting associations from his patient, there is one that belongs to the present subject. It is, I think, a fear of the spoken word and its auditory perception in a situation in which the speaker 'associates freely' and the listener receives the associations with 'free floating attention'. The regressive characteristics of this situation make it possible for the analyst to conceive unconsciously of the patient's voice,

⁶ *Selected Papers*. Hogarth Press, London, 1948, p. 483.
⁷ *Ibid.*, p. 492.

⁸ Cf. Fliess, R.: 'Silence and Verbalization; A Supplement to the Theory of the Analytic Rule', *Int. J. Psychoanal.*, Vol. 30, 1949.

as far as it is the materialization of unconscious thought, as the 'voice of the revenant' that in terms of his medical education (cf. p. 9) is that of the cadaver; and to perceive in it the materialization of the unconscious 'parental' nucleus of his own (super-) ego. Such a misappropriation is, of course, the effect of a misidentification: the latter renders the analytic situation narcissistic, the former internalizes the patient's word. Thus the analyst's ego-organization is endangered by a perceptory fusion between his own thought and the word of the patient. Even if his organization withstands this threat, still the analyst's 'reconstructions', obtained as they are in part through unconscious elaboration upon the patient's thoughts perceived auditorily, bear, as Freud has found, more than a formal resemblance to delusions.⁹

The defences against the danger are many: one of them is the re-externalization of the

word through its transformation into script. An instinctive tendency towards it is observable in the analyst, who is often difficult to persuade that the taking of notes is preclusive of free floating attention; in the patient, who at one time or another is likely to produce the illusion that his words are recorded or written down; and in the general public, which clings emphatically to the preconception that the analyst, as a matter of course, sets down his patient's associations.

Thus at least one of the difficulties in enforcing the analytic rule is traceable, likewise, to an 'autopsic encumbrance'.

The latter, a hangover, as it were, from the analyst's medical education, deserves recognition; in particular since it is the medical man from whose ranks the student of psychoanalysis is recruited.

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⁹ Cf. 'Constructions in Analysis,' *Coll. Papers*, Vol. V.

ON MICROPSIA

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The phenomenon of micropsia is 'a condition in which objects seen seem to be smaller than they really are', one variety of the 'metamorphopsias'. It has been mentioned in scattered places in the pre-psycho-analytic psychiatric and neurological literature either as a hysterical symptom or as occurring in the epileptic aura, in cases of brain injury or in so-called constitutional neurasthenia. I omit here a discussion of most of the pre-analytic literature, as it is of little interest to us.

No interpretation of a possible psychological meaning of this phenomenon was at that time given or even attempted.

The first time that a non-analytic observer approached a psychological understanding of the phenomenon of micropsia was, to my knowledge, in a German paper, 'Makropsie und Mikropsie bei Basedowiden. Ein Beitrag zur Konstitutionsforschung und Entwicklungsgeschichte', by W. Neuhaus. The author, who observed micropsia in cases of mild hyperthyroidism, drew the following conclusions: Affective factors are mainly responsible for causing changes in the object seen. He believed that a relation existed between an attitude of joyful excitement, sympathy towards objects, a sense of encompassing them and macropsia on the one side, and a defensive antipathy and micropsia on the other. This is very interesting if compared with some of the later psycho-analytic findings. The first mention of microptic phenomena in a psycho-analytic paper occurs in Ferenczi's 'Gulliver Phantasies', to which we shall refer again later. The next psycho-analytic paper to deal with micropsia is by W. S. Inman, 'A Psycho-analytical Explanation of Micropsia', and this was followed by another by Leo H. Bartemeier entitled 'Micropsia'.

In his two cases, Inman linked the phenomenon with oral fixations. More precisely, seeing small seemed to indicate the receding of an oral object. As far as it is possible to judge from his description, his cases were of an hysterical nature.

Disturbances of a more severe nature involving deeper regressions than are usually found in hysterias and involving disintegration of the

whole personality did not appear to be present. Inman's idea that 'transient micropsia' is probably dependent upon some vagary of the eye, comparing it to squinting as 'due to inco-ordination of the extrinsic muscles', is, in my opinion, unsatisfactory and irrelevant, not only in regard to the case that will be reported below but also when applied to his cases. We must certainly conceive of micropsia as a central phenomenon, not as a peripheral one. Even if we concede that, as Schilder says, quoting from Jaensch, the size of an object is largely influenced by oscillations in attention and that this function stands in close relation to the ocular muscles, we must realize that phenomena such as micropsia are basically evoked by central processes.

According to Neuhaus, whose paper was published in 1924, earlier authors had already discarded the peripheral theory in favour of a central one. It is also relevant to note that Neuhaus sees in the tendency toward size inconstancy as manifested in micropsia and macropsia 'psychic infantilism' and a 'primitive form of reaction of the brain'. Further progress has been made in experimental psychological research since then in the general understanding of such phenomena; but it would far exceed the scope of this paper to present these investigations in detail.

Otto Isakower, in his paper, 'A Contribution to the Patho-Psychology of Phenomena Associated with Falling Asleep', mentions microptic experiences in one hysterical and one schizophrenic patient. To these cases I shall refer again later, as the significance of micropsia in them seems to have a closer relation to that in my case.

In Bartemeier's case micropsia also was an hysterical manifestation. Bartemeier concurs with Inman insofar as he also finds traits of oral significance: a prolongation of the nursing period, a 'subsequent inability adequately to express intense aggressions', and an intensification of the oral sadism. Micropsia here represents a compromise between the patient's 'aggressive tendencies and the defence against them'. The patient was able to remove the

object which aroused her rage 'from her immediate presence' by means of the micropsia. In this observation the microptic experience is described as follows: 'As the patient stares at another person, that person and subsequently all other objects in the visual field appear to be moving into the distance and simultaneously becoming smaller and smaller until everyone and everything is pin-point in size'. Barte-meier believes that this is characteristic of micropsia when it is a neurotic manifestation, whereas in cases of organic origin 'the objects at once appear to be at a greater distance and smaller than they are in reality'. From my own observations and also from other case descriptions it seems doubtful whether it is possible to distinguish phenomenologically so sharply between organic and psychogenic micropsia.

The patient I was able to observe¹ was a boy who was seventeen years of age when he entered treatment with me. Since the age of ten he had been suffering from a variety of symptoms which had severely interfered with his progress in life and had defied different attempts at treatment by change of milieu, endocrine medication, antiallergic measures and short periods of, or rather attempts at, psychotherapy. At the age of about fourteen he had grown precipitously to the height of 5 ft. 11 $\frac{3}{4}$ in., so that the physicians thought of a pituitary disturbance, which however was never confirmed.

His symptoms consisted of attacks of headache, gastro-intestinal disturbances such as diarrhoea and vomiting, and paræsthesias in the pit of his stomach, and of the following psychic changes: depression, panicky anxiety, withdrawal from all interpersonal contacts and all activities, and feelings closely related to depersonalization. These attacks used to last about two weeks. They seemed sometimes to have been precipitated by increases in demands on him in school or in certain life situations. The attacks seemed to grow more severe as time went on, while the patient's ability to cope with reality grew less. The attack which prompted the family to bring the patient into the Menninger Sanatorium appeared to have been a reaction to sexual play with a girl and overwhelming fears which followed.

In his attacks the patient felt absolutely unable to do anything. His speech was jumbled. He had a pounding headache and felt that he had no personality, that his penis shrank and

was very small. Everything looked dismal to him. He hid himself in order not to be seen by people. He cried, wrung his hands, was agitated and panicky. It was in those states that the patient first had the sensation of seeing objects small. By the time he entered the Sanatorium his condition had the aspect of a severe obsessional neurosis with schizophrenic colouring and a few conversion symptoms added. He was obsessed with hypochondriacal fears and sexual matters. One got the impression that he was desperately trying to keep up his crumbling defences and that an overt psychotic break might occur at any moment.

The patient's early life history provided ample material to explain his insecure ego-structure. Born into an unhappy marriage between a very aggressive and suspicious father and a high-strung, emotional, and at times over-affectionate, at other times rejecting, mother, he had been frustrated throughout the stages of his early development. While he was being breast-fed the milk was never sufficient, and was difficult for the child to get. Feeding had to be supplemented by formulas which had to be changed frequently. When he then took to sucking his thumb, attempts were made to discourage this by employment of bitter substances. Thumbsucking stopped suddenly with a severe attack of stomatitis at the age of two and a half. During his first years of life he had colic and diarrhoea accompanied by drawn-out crying spells. He was given frequent enemas.

All this time he had to cope with two very ambivalent parents. His father had expressed suspicion that the boy was not his own. The mother resented the child because he tied her to the father. The father often treated the mother rudely and was very domineering. He had affairs with other women. The parents separated for about half a year when the patient was five years old.

The patient had been unable to solve the Oedipus situation in a normal way. He had established only uncertain and unstable identifications with both parents. A strong partial unconscious identification with his mother interfered greatly with his attempts at a masculine identification.

All analysts are familiar with this pattern of a pathological solution of the Oedipus conflict. We know that, among other things, a very severe castration anxiety lies at the bottom of it.

¹ This therapy was conducted at the Menninger Clinic, Topeka, Kansas.

We shall see how this applies to our patient also.

The treatment, consisting of a cautiously conducted modified psycho-analysis, progressed fairly well for a few months. The patient felt so much more confident after about three months that he decided to enrol in several courses at a big public high school. However, after a few weeks of struggle this proved too much for him. In addition to this, the transference situation seemed to produce increasing fears, repeating his relationship to his father. Ambivalence towards and fear associated with me rose to greater heights than he was able to tolerate, specially when confronted with the burdens of school work. As sometimes happens with patients close to the borderline of psychosis, it was impossible to prevent the development of such a strenuous situation. Approximately six weeks after having started in high school, the patient, by neglecting a foot sore, managed to develop a bad infection requiring surgical opening on several occasions. A short time later he also developed an infected finger which also had to be opened.

Apparently this attempt at 'paying off' did not succeed. The patient grew increasingly panicky. He developed ideas of reference and became slightly confused and hallucinatory. Just before this developed he reported to me for the first time that he 'saw things small'.

The same reaction occurred again about half a year later when he had a renewed psychotic episode after having recovered within a few weeks from the first one. This time the conflict had come about mainly in connection with an affair with a married woman almost ten years his senior.

Looking more closely now at the phenomenon of micropsia in this case, we follow the patient's description: '... Everything seems so small. Everything looks like toys.' The underwear seemed so small. One day he complained: 'Everything is so small I can hardly see the print when I read.' He himself was small, his arms were small. At other times he said that various things were getting smaller and smaller, he himself felt smaller every day. It is noteworthy that he stated while slowly emerging from his psychotic condition that things appeared again a little larger to him. The size of the objects seemed to change several times in the course of these episodes according to the fluctuations of his relation to reality.

Since the patient recovered from the second psychotic episode, he has not become overtly

psychotic again. Repeatedly, however, under the strain of certain events, he has slipped into states in which his grip on reality became less firm, his fears increased, and his ego was less able to exert firm control in his self-management. In these periods of being close to the borderline of psychosis, he never lost his power of reality testing nor did he lack full insight into the nature of his difficulties; but on different occasions in these periods of weakened control, he again reported that he 'saw things small'.

No matter under what circumstances we encounter it, micropsia is a subjective phenomenon for the description of which we depend entirely on the verbal communications of our patients. It is obvious that what I have referred to as micropsia in the present case differs slightly from the situations reported in hysterical and epileptic conditions. The introspective report of the phenomenon given by my patient is somewhat vaguer than what appears in the literature concerning the latter problems. There is, for instance, only little emphasis placed on the detail that the objects seem to move away. The patient may not have had a visual impression as clear as when patients say the objects look as if seen through 'the wrong end of a telescope'. In respect to other characteristic details of the description, for instance, the 'becoming smaller and smaller' of objects, the present case resembles closely what is found in previous reports. At any rate these differences did not seem to warrant the use of a different term for the phenomenon described in my case. The term 'micropsia' still seems to fit it best, according to the general definition quoted at the beginning of this paper.

As a general psychological observation it may be noted that size constancy as a rule is firmly established after puberty, but not before, and that micropsia has generally been considered to be associated with the phenomena of infancy. The question next arises: how can we, in this particular case, interpret the micropsia? If in one case it was the revival of the experience of a receding oral object, in the other a means of defence against aggressive impulses, can we state that micropsia in this instance had the same meaning? It seems to me that its meaning is different from that reported in other cases. It is hard to say how much the observed phenomenon has to be understood as a remainder of re-emergence of an archaic oral organization or of an oral mode of experience. The history of the patient offers sufficient data to

make it probable that severe traumata took place at an early age, sufficient to warrant the assumption of strong oral fixations. This is corroborated by the existence of certain oral traits, particularly strong oral aggressions and oral demands. Most authors believe that optical forms of experience are closely linked with those of the oral phase (Bernfeld, Kardiner). Personalities with strong oral traits are perhaps particularly apt to express feelings of insecurity in optical terms and to choose functional phenomena from the optical sphere. They seem unable to believe and to consider real what they can only see, not feel, taste, or smell. Vision seems to be the more unsatisfactory the more immature the personality is. Where there is a deep and early feeling of insecurity, optical perception seems to be the least suitable to dispel fear or the feeling of strangeness. I have seen this in severe ('essential', R. P. Knight) alcoholics with strong oral fixations and correspondingly deficient personalities. Some day we may be able to understand better the causal relation of these peculiarities stemming from the oral level and leading to the inability of such individuals to profit from experience and to convert short-term affect into long-term affect, a process so indispensable for the capacity of the ego for sustained playful action.

What we can say in regard to this case is that the micropsia is definitely linked with the onset of acute psychotic changes in the personality. I see in it an expression of the endopsychic perception of these changes.² Micropsia appeared when the ego was in danger that it would 'undergo an inundation by the id, in which case the ego loses the feeling of its own identity; it feels both itself and the external world estranged'. (Edoardo Weiss, 'Psychic Defense and its Analysis.') It was not observed in either a definitely and fully developed psychotic nor in a definitely non-psychotic state in this patient. The development of the phenomenon requires, as a prerequisite, the preservation of the capacity for endopsychic perception. The remaining part of this function enabled the patient to sense the changes in his personality. Thus micropsia here is closely linked up with psychic functions which we consider part of the functions of the ego.

If we try to understand the meaning of micropsia in this case more specifically, we come closest to it when we assume that 'seeing things small' may have several meanings which are all tied up with the changes which take place when a psychotic break is in the making. The most plausible meaning seems to be a loss of reality due to the withdrawal of cathexis from the objects. This interpretation finds support in several sources. Schilder says that 'it is especially remarkable that the estrangement concerning the outside world is often an estrangement in the optic sphere especially. (*The Image and Appearance of the Human Body*). Also that '... remoteness in space is incompatible with any close libidinal attachment.' These quotations illustrate very well the suitability of optical psychic representations for the expression of changes in the cathectic relationship to the outer world. Even if, in this case, not much emphasis was placed on the feeling that the objects were moving away, the 'seeing small' seems to imply their having become remote.

Dr. Sylvia Allen, to whom I mentioned the occurrence of micropsia in this patient, suggested it might have been a projective defence mechanism. Her tentative interpretation was that whenever the patient's ego started 'feeling little', it projected this feeling on to objects in order to be able to avoid feeling small. This reminds us of Ferenczi's interpretation of microptic distortion of objects, inasmuch as in his previously mentioned paper he expressed the view that 'An unusual reduction in the size of objects . . . is to be attributed to the compensatory, wish-fulfilling phantasies of the child who wants to reduce the proportions of the terrifying objects in his environment to the smallest possible size.' Ferenczi's observations referred to dreams; but since in all these phenomena the primary process plays an important role, it is perhaps irrelevant whether the micropsia occurs in a dream or in the waking state.³

Whether or not we accept just this interpretation as correct, at least the assumption that micropsia in this case has something to do with the status of the ego is very appealing and concurs with my view. It is a fact that micropsia occurred always at a time when the ego was

² Perhaps it would be more accurate to say 'endopsychic apperception'. Freud's phrase 'intrapsychische Wahrnehmung' is generally translated as 'endopsychic perception'.

³ In a personal communication, Dr. Federn has

written about some of these abnormal ego states, 'The dream-ego continues during the day'. This hypothesis reminds one of Bertram Lewin's remarks on elation and mania.

getting weaker, its defences were crumbling, and it was being flooded by unconscious material. But it lasted only as long as there was still enough capacity for endopsychic perception left to enable the ego to sense its imminent disintegration, and to recognize the change as subjective. I should prefer to say that micropsia is here an attempt to stave off feelings of self-estrangement by projection. Perhaps one may assume that both interpretations are correct, namely, that the micropsia indicated a withdrawal of the libido from the objects and that it also projectively represented an imminent disintegration of the ego. This does not constitute a contradiction. Both processes for which it seems to stand, for which it seems to be the subjective expression, go hand in hand.

Another clinical fact that tallies with the assumption that micropsia is related to a withdrawal of cathexis from objects is the temporary appearance of ideas of grandeur in this patient in the deeper stages of his psychotic episodes, a sign of withdrawal of libido from the objects and its subsequent investment in the ego. Of comparable interest was the appearance of many tendencies to projection in the transference situation.

The hypothesis that micropsia may be the expression of the endopsychic perception of disintegration of the ego puts it close to other phenomena of a similar kind, for instance depersonalization and reactions belonging to the same group. The patient had attacks of depersonalization. He complained that he felt as if he had lost his identity. A more specific meaning of this experience is found in the loss of his masculinity which the patient felt concomitantly in those states, all of which is amply represented symbolically in his utterances. This reminds us of analogous observations reported by H. Nunberg in his paper, and also of Sadger's interpretation of depersonalization as meaning psychic castration. Later in his analysis the patient coined the expression 'lost soul'. This concept comprised in his thinking and formulation a homosexual, weird, and sexually degenerate person, a sort of creature standing between man and woman. One charac-

teristic of such a being would be a long limp penis, similar to the one which women have in the patient's phantasies. We must also note here that the experience of the withdrawal of the breast was first related to the castration complex by Staercke in 1921.

When we assume that micropsia is the subjective symbolic expression involving a sensing of certain intrapsychic changes, the phenomenon becomes closely related to what Silberer once termed 'autosymbolic phenomena'. Freud confirmed Silberer's observations; he did not, however, endorse the term 'autosymbolic phenomenon'. As Ernest Jones has pointed out, Silberer was rather loose in his theoretical concepts and terminology and somewhat confused on the issue of symbolism. Theoretically Silberer's term 'autosymbolic phenomenon' is incorrect. But regardless of what we call it, the phenomena described by him are very frequently found in mental processes below the level of the secondary process. Of the three categories of phenomena classified by Silberer, micropsia is most closely related to what he called 'functional phenomena', referring to the process of symbolizing the manner in which the ego is functioning. He also coined the term 'threshold symbolism', in order to characterize 'the passage from one state of consciousness to another'. This shows an analogy to the state in which micropsia appeared in our case, as a transitional phase from one ego state to another.

The phenomenon of micropsia contains a strong element of projection inasmuch as the internal situation is subjectively perceived as a change in the objects of the outside world. This is, of course, also one type among many other modes of representation belonging to the primary process as observable in dreams or in certain psychotic and other pathological states. A related phenomenon is that of *déjà vu*. Otto Isakower referred to it in his paper dealing with the psychology of falling asleep in connection with the epileptic aura and other exceptional states. The ideational content of the *déjà vu* is, of course, very different; but in regard to their metapsychological nature these experiences have much in common.⁴

It is of interest to discuss in greater detail

⁴ Part of a lengthy communication by Dr. Paul Federn on this problem included the following statement: 'You . . . searched for a more definitive explanation and found (1) regression to the oral (including the asexual level of ego development, and (2) states of abnormal ego cathexis as in Isakower's observations, and also in epileptic and shock states. In regard to (1) the oral level, I cannot agree with your interpretation

that the microptic object is a repetition of the "receding" of the first object. We do not know how the suckling sees the breast, but surely not as very small. In dreams whenever objects are extraordinarily enlarged they express something valuable; yet that does not mean that microptically seen objects have lost their value. In your second explanation (abnormal ego cathexis) must be the way to elucidate the mechanism of the symptom.'

why micropsia can serve as a displaced expression of the experience of the withdrawal of object cathexis. If the very first model for experience of this kind is the loss of the breast, as Inman probably correctly assumed, how do we understand the implied transfer from an external to an endopsychic experience? In our attempts at understanding we assume that losing objects by withdrawing of the cathexis has the same subjective effect as losing the object for external reasons, as for instance, when the breast is removed by an outer force.

A prerequisite to the assumption that both events are perceived by the ego as the same thing, is that an extremely ancient state of ego-development is momentarily revived; a state in which the differentiation between the individual and the external world has not yet been clearly made. This seems reasonable in view of the fact that we are here dealing with forerunners of schizophrenic states. I believe, in general, we may assume that under certain conditions such early forms of mental processes are momentarily revivable. When we try to elucidate psychic processes connected with a withdrawal of cathexis from the external world, we are reminded of the fact that the state of falling asleep is also one in which cathexis is withdrawn from the objects. Several authors have made interesting contributions in this field. Isakower in particular pointed out the relation of phenomena occurring in falling asleep to those of the epileptic aura and to the *déjà vu*. In the state of falling asleep we encounter certain processes which also play an important role in our own case. The process of falling asleep is accompanied first by a 'disintegration of the various parts and functions of the ego'. Furthermore, there take place changes in the 'distribution' of the cathexis 'within the ego, that is, mainly between the body ego on the one hand and, on the other, the ego's perceptive and critical parts'. When we try to apply these ideas to our case it appears that 'the ego's perceptive and critical parts' experience the regressive redistribution of cathexis that takes place in a projective fashion as a change in the size not only of outer objects *sensu strictiori* but also of the body: he himself was small, his arms were small, etc.

In regard to such changes, Isakower conjectures 'that the structure of the body ego in this state is comparable to that of the immediately post-natal ego', referring especially to a predominance of the oral zone in both the state

of falling asleep and the post-natal state. While he does not mention the eye and its function as participating in that state, he does quote a 'passage from Kardiner's paper on 'The Bio-Analysis of the Epileptic Reaction', where the eye is included among those organs whose functions engage, in experiences of the oral period. The hypothesis of Isakower which has the most essential bearing upon our case is that in the state of falling asleep and that of awakening there occurs a 'revival of very early ego-attitudes'. He raises the question whether 'these reproductions do not perhaps bear the imprint of external situations with which these attitudes were contemporaneous' and also has recourse to the early experiences of the maternal breast becoming smaller and smaller and finally vanishing which Inman also has assumed, to play an important part in the phenomenon of micropsia. Isakower also mentions the familiar fact that phenomena belonging to this category are frequent in illnesses accompanied by fever when, as he puts it, 'there is a particularly intense cathexis of the ego, at the cost of the world of objects'.

For micropsia, Isakower's hypotheses may be formulated in the following way: The early experience of the perception of an object becoming smaller and smaller—supposedly the receding breast—is associatively connected with the endopsychic perception of a constricting, regressively diminishing ego state, which in turn is a consequence of the process of falling asleep. At a later time, the experience of diminishing size found in micropsia symbolically expresses the regressed state of the ego in its transition into psychotic disintegration. To quote Isakower again: 'The disintegrating part of the ego is opposed by the system Pept.-Cs., whose inward facing surface has not yet been divested of its cathexis.'

In summing up we can say that micropsia and its related phenomena in the case here reported are an expression of the endopsychic perception of imminent or beginning disintegration of the ego: a projection of this perception into the outer world; an expression also of an imminent or already established partial object loss due to a withdrawal of libido from them; and a projective representation of the patient's castration fears. The attempt to understand the meaning of micropsia is basically an effort to contribute to the understanding of certain functions of the ego, among which the function of endopsychic perception is important.

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PATHOLOGICAL SLEEP¹

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My paper has to do with that particular kind of pathological sleep which occurs in some patients during the analytic hour. Feelings of sleepiness in the hour are probably very common; but real, sound sleep occurring day after day is not common, or at least we must judge this to be so from the few reports in the literature. Not only is there very little to be found on this particular form of pathological sleep, but sleep itself has been the specific subject of very few studies. Non-specifically, sleep has of course been the centre of psycho-analytic work from the very first, but in that work the dream—not the sleep—received prior attention.

Perhaps the clearest exposition by Freud (1) on the general subject of sleep is in his 1916 paper on the Metapsychological Supplement to the Theory of Dreams. There he points out that little thought is given to the nightly laying aside of both physical and mental acquisitions, which brings the human being remarkably close each night in sleep to the situation in which life began. Somatically, sleep reproduces intra-uterine existence, and psychologically it is a narcissistic state in which there is an almost complete withdrawal of cathexis not only from the outside world but from all the systems of the mind as well.

This much Freud states in the introductory paragraphs of his paper. He then proceeds to an extremely profound discussion of metapsychology, which, while it is essential to a thorough understanding of sleep, is much beyond the scope of this particular presentation.

Articles on sleep by other authors are few, and mostly have to do with disturbances in which patients cannot sleep. In such cases of sleeplessness patients are afraid to go to sleep—control by the ego of id impulses is so reduced during sleep that the risk cannot be taken.

In most studies repeated reference is made to the oral nature of sleep, and this is given its

greatest elaboration by Lewin in his paper, "Sleep, the Mouth, and the Dream Screen" (2) and in his book on Elation (3). Lewin stresses the importance of the relationship between sleep and the primal scene. Stone (4) describes a patient with a duodenal ulcer who slept during the analytic hour, and in him the sleep seemed to have the same meaning as the gastric symptoms, namely, strong oral and passive fantasies in relation to both parents. The sleep symptom was thus 'the narcissistic representation of the same fantasies in withdrawal from the analyst'.

Others compare sleep to death, and one author calls "sleep temporary suicide. Sleep as a defence against motility is often found, and Simmel (5) mentions that sleep in the analytic hour can be a defence against aggressive impulses towards the analyst. Renneker (6) deals with those conditions necessary for sleep, most of which constitute a clear attempt to discharge or ward off internal and external excitement. Scott (7), in discussing patients who sleep during treatment, brings attention to the waking-up process, and he presents the following hypothesis: 'The total satisfaction of sleep is waking or the act of waking up.'

Fenichel (8) points out that sleep disturbances have not received much attention, and he suggests a reason: they tend to disappear during analysis without being made explicit subjects of analytic study. This is particularly true of sleep occurring in the analytic hour, where as a rule, when the defensive side of it is interpreted, the symptom disappears. As a result, 'little opportunity is provided to analyse more thoroughly the meaning of the sleep itself.'

It has been my good fortune to have a patient who did not stop sleeping when the passive resistance in the sleep was interpreted. Instead, he went on sleeping for six weeks, almost daily, often very soundly, occasionally with dreams, to which he brought many associations. As

¹ Presented before the Detroit-Cleveland Psycho-analytic Society, April, 1953.

result of these circumstances, it was possible to study the phenomenon and to come to some understanding of it. It is this study that I wish to present.

I shall start by telling a little about the patient, then go on to describe what took place during the sleeping portion of the analysis, and end with a discussion of the meaning, purpose, and mechanism of the sleep.

To describe the patient as he was reported to be before his illness is to give the description of a normal thirteen-year-old boy. He was robust and active, interested in many things but especially in outdoor life and camping. He had many friends and was well liked by everyone. He did well in school. He had a paper route and a dog. He had few neurotic symptoms and no delinquencies. Perhaps one could say that he seemed too normal. His parents, healthy, successful persons, thought in retrospect that he might be a little passive, over-conscientious and proper, but they were people of high standards and his behaviour was not out of keeping. They did report that for a few weeks a year earlier he had been very anxious and uncertain. However, they were surprised that he should get ill—they thought the elder of his two sisters was the neurotic one, since she still wet the bed and was now ten.

This, then, was the boy who in the summer and autumn of his thirteenth year became very ill. He had been at a boys' camp most of the summer and had written unhappy letters to his parents. The camp director also wrote reporting that the boy seemed unhappy, did not mix with the other boys, whom he considered childish, and preferred the company of adults, with whom he got along very well. Upon his return to school in the autumn a terrible decision had to be made: whether to play football. If he played, he would not have time to do his homework; but if he did not play, he would be a sissy and would have no friends. He veered back and fore on this matter, deciding one thing one day and the opposite the next. He asked everyone for advice and was helped by none of it. Finally time ran out and he was forced to decide, which he did in favour of homework and against football. This decision, however, only made matters worse, as he now found himself unable to do his homework, for the reason that he would sit at his desk for hours wishing he were out on the field with the boys.

His indecisiveness spread rapidly to cover

almost everything. Except for time spent at school, he stayed close to home, following his mother everywhere she went and asking incessantly what he should do. He would also go among the neighbours asking their advice. He began to think he had insulted people, or feared he would do so, and often apologized when no apology was needed. He thought that people were laughing at him, talking about him, and that everyone considered him a 'jerk'. He became increasingly guilty, believing that everything that went wrong was his fault. He was preoccupied, for example, with the Korean War—his clothes, food, and home were too good, and he felt terrible about the poor people in Korea who had so little and who suffered so much.

Finally his anxiety increased until it invaded every aspect of his life. He had to be kept away from school; he cried for hours; he yelled and screamed and banged his head in a hopeless frenzy. He talked of suicide. He had to be given sedatives and kept in bed. Altogether the story was most disturbing, and hearing it, one wondered whether he was schizophrenic.

In this state he came to analysis. When seen, he proved to be very disturbed but not psychotic.

In the first hour he simply sat and told his symptoms. In the second hour he reported that he was cured and did not want to come any more. This disappearance of symptoms was to be a leading defence for many months. In the first week he complained several times during the hour of being sleepy. It was the second week before he mentioned the presence of the couch in the office, and he was afraid he would have to lie on it. He said he would if I told him to, but he could not do so on his own. Actually five weeks went by before he could lie down, and he went through the same kind of indecision as with the question whether to play football. Much later he told me that he had been afraid I would assault him sexually on the couch.

His anxiety, which disappeared so quickly in the first day or so of analysis, began day by day to return and became by the second week very marked. Then at its peak, in an outburst of tears and terror, he confessed to masturbation. He had produced the first ejaculation that summer at camp, in bed, in the dark. He didn't know what had happened, and he got up to make a light in order to see. When I asked what he suspected, he said, 'I knew I wasn't

bleeding to death or peeing the bed.' Masturbation quickly got out of control, and soon he was sure that he had ruined himself mentally and physically.

Thereupon his symptoms developed, and they all had to do with his conflicts about masturbation. The symptoms had, of course, many meanings, but it was striking how clearly they served as an attempt to tell his parents what was going on. The questions with which he peppered his parents, the asking for advice, the doubts, all really referred to one unmentioned thing—what about his masturbation? His conviction that he could not play football and keep up with his studies as well was his way of informing them that masturbation had injured his mind and his body. The suspicion that people laughed at him, talked about him, and considered him a jerk meant that he thought they had good reason to do so on account of his masturbation. The fear of being alone, the following of his mother around, the fear of going to bed, all were ways of saying that to be alone lessened his control. Perhaps the worst fear of all was of being out of control, and this he demonstrated in many ways as if to force his parents to a realization of what was going on. This culminated in screaming, yelling, banging his head, and threatening suicide.

When, in the analysis, I interpreted these symptoms as attempts to inform his parents and to enlist their aid, he offered no objection. Rather he expressed anger and amazement that they should be so ignorant and so blind as not to know what was going on. In fact, he argued, his parents must have no love for him at all to stand by and allow him to destroy himself.

The patient's symptoms were not the only means he used to draw his parents' attention to his masturbation. Over and over he was almost caught by one or the other of them, and the intention in these episodes was clearly directed at being caught. He even tried to tell them about it in the ordinary way, i.e. through talking, but that too was a failure. This is what happened: He asked his father if he as a boy had had any sex problems. When the father readily admitted that he had, the boy stopped the conversation abruptly because of a horrible fear that he would hear next that the father had masturbated. His mother stopped him with equal effectiveness by telling him that she, as a girl, had had exactly the same symptoms as his when she began to menstruate. In this regard it is interesting to note that he was far from

knowing the difference between menstruation and masturbation and he used the words interchangeably.

The main object of informing his parents was the hope that they would help him to stop his habit, and the main fear in telling them was that they would condone it and do nothing to help bring about control. This was true of the advice he received from books. The books said in effect: masturbation is not harmful, but don't do it too much. Such statements only compounded his problem. Naturally in the analysis he asked me incessantly for advice, reassurance, or condemnation, and when I failed to provide any of these, he tried desperately to read into my attitude all of them. These attempts to force me into taking an active stand were, in part at least, a defence, and had I given advice, reassurance, or shown disapproval, he would have retreated behind it. As it was, after the failure of each attempt he produced more of his anxious fantasies.

Discussion of the patient's symptoms and his masturbation occupied much of the time for several months, but there were many other things as well. His symptoms disappeared quickly from his daily life, leaving all the usual adolescent problems; e.g. whether to be rough or gentle, clean or dirty, rich or poor, to succeed or to fail, to be obedient or defiant, to lead or to follow, to despise or to admire girls, to compete with or to emulate boys. He was particularly afraid of his anger, and he was rigidly honest and proper. He was from the first worried about his lack of interest in girls, and at one point he struggled for two weeks to tell me about homosexual incidents which had occurred several years earlier. These were attempts at anal intercourse in which he was passive. He also reported sex play with his sisters, which continued. The most forbidden topic of all was his bowels.

As time went on, he revealed many fantasies—or one might put it better by calling them beliefs—about sex differences, conception, and childbirth. Some of these seemed to come in almost pure form from infancy. His intellectual knowledge of these things was relatively good, but he harboured side by side with them others that were remarkably different. Only a few examples can be given.

He wondered whether the bulge in a girl's pubic region really was a penis. During the height of his illness his breasts had swelled and he had thought he was being changed into a

girl, and that as his breasts grew his penis would shrink. He insisted he knew that intercourse took place in the vagina, but told one day of seeing dogs having intercourse into the behind, and we learned that he thought animals had no vagina. He believed that girls, having no penis, could not masturbate; hence a wish to lose his own penis. Girls, he was sure, would be envious of a boy's penis, and he was terribly afraid to get close to a girl for fear she would grab his. Intercourse was a horribly destructive affair: the penis would rip and tear the woman's body, and in turn the penis would be torn.

Let me now come to within a month or so of spring and the beginning of the sleep. I should like to tell something about this period. For really the first time he began gingerly to tell about his bowels, but it was too difficult for him to go far—disgust and nausea and anger were his reactions. A new and severe habit began: picking his scalp. He kept one spot constantly in a bloody state.

Another thing was that he had a girl friend—at least it was someone about whom he had fantasies and about whom he could talk at length to me and to his boy friends. This affair ended sorrowfully when, as a result of his procrastination, he was too late in inviting her to the spring prom, and his best friend beat him to her.

Masturbation, which had lessened, increased greatly after this loss, and at the same time he developed a fear that he would have an erection in a public place or even in the analytic hour.

During this time, too, he began expressing anger at me more freely—I controlled him too much or not enough, I never told him anything, I wouldn't let him stop coming, etc. This was the first sustained, day-after-day anger that he had been able to bring.

About the first of June his angry, defiant resistance gave way to periods of silence, and day after day he had no thoughts or just felt sleepy. He passively agreed that this was a resistance, that he was probably warding off sexual feelings, particularly about me. But he only grew more sleepy. This finally proceeded to real sleep, which on and off went through the hour for days. What it was like was this: he would start off telling some thing of the day, very soon would grow silent, and when I spoke, he would react sleepily or not at all. The most striking reaction occurred several times in response to my speaking or to a noise outside.

He would grunt, mumble incoherently, struggle to sit up, rub his eyes, look about him dazedly, then drop back. After five minutes or so he might be wide awake again, only to sleep once or several times more during the hour. Finally, after several days, I told him that he looked like a small child who had been awakened to go to the toilet. This remark woke him up enough to say that his sister wetted, but he didn't. Another day he went through the same sleeping and waking performance just after complaining that his mother was trying to dominate him and that he suspected she was trying to seduce him by walking around the house in a filmy nightgown. I then repeated the waking-for-the-toilet interpretation, adding that it must have been his mother who had come in the night wearing a nightgown and that it must have been especially exciting to have her touch him. He made no comment upon this, but did wake up and began a long recounting of exciting experiences the day before. What it led to was that he had been so excited he wet his pants.

The next day he reported sex play with boys—mostly passive on his part—in which they touched one another's penis. He became very sleepy after telling this, and when I told him he must have a wish to have me take him to the toilet and touch his penis, sleep came soundly. In a few minutes he awakened with a dream: a telephone call came for his father, who was away, so his mother answered it. To this I said he must as a young child have wanted his father to take him to the toilet, but when he called, his mother came instead. He became very angry now and spoke of his father abusively—always being away at meetings, never home. What good is a father if he is not home when a boy wants him?

He fell asleep again at once and awakened with another dream: a woman was pushing a big man out the door of a house. I said that he must have wondered, with his father away so much, whether his mother sent him away. This remark frightened the patient, and he remembered the terror he used to have lest his parents might get divorced.

Again he slept, and this time awakened with no dream but in a state of fright. Noises had awakened him. What was going on? Was it something sexual? To this I said that he must have been awakened in the night not only to be taken to the toilet but by noises from his parents' bedroom—sexual noises. He objected strongly to this, saying a young child wouldn't know

what intercourse was. (A few days later, when I repeated the interpretation, he said that a young child would be all the more frightened because he didn't know what intercourse was.)

At this point in the hour, instead of going to sleep, he talked about it: how sleepy he was, and how strange that he should be so sleepy with me—not before or after the hour. This, I said, represented a wish to sleep with me, and perhaps he had slept with his parents. He awoke fully then and told of going into his parents' bed every Sunday morning, crawling down to tickle their feet and having a lot of fun—but there was absolutely nothing sexual about it. I said nothing, and he added, 'But why did I stop going into their bed two years ago? Was it because at that time sex began to have a different meaning to me?'

That was a rather full hour. The next was somewhat less so. He began by saying he had slept for two hours during the day, so should not be sleepy. Also, he had masturbated exactly before the hour. During masturbation his dog had been present, and he had been suddenly afraid that the dog would bite his penis. Upon saying this, he went to sleep for five minutes and then was awakened by traffic noise. He was frightened and was sure a truck had crushed his parked bike, smashing it to bits. This reminded him of the bad shape his bike was in and how incompetent the repair man was. He objected when I told him it was his penis and me he was worried about, but he then told of many anxieties about his penis—the stream wasn't right, sometimes he couldn't start, he wetted occasionally, it got erect too often, it looked odd, etc.

He slept during the next hour, and all we learned was that there had been a repetition of sex play with the boys in which he was even more passive, i.e. he didn't want it but he didn't know how to stop the others. He became increasingly anxious about being passive and begged me to tell him what he could do. He brought other examples of being passive, especially one having to do with his bike. Always when a car or truck beeped at him, he headed for the ditch, angry and resentful at the driver but too scared and passive to resist.

The day following this he was radiant. A boy had wanted to touch his penis, and he had simply told him to stop. The boy did stop, and the patient was delighted. Also, while riding to the hour, a great big lorry beeped and crowded him, and he was so mad he swore at

the driver and shook his fist; and to his great surprise and delight, the truck stayed away from him.

At this point I made a reconstruction. I said that when as a young child he had been awakened by sexual noises coming from his parents' room, he must have reacted in a passive way, i.e. stayed perfectly still and quiet. This brought the following protest: "What else could I do? It would be very embarrassing to call out."

Then he became very excited and told the following dream, which he had remembered from the age of possibly five: A lady was sitting in a car two miles long. She looked in the rear-view mirror and saw a huge bear coming to attack her. She was terrified. The patient remembered waking from this dream greatly terrified and lying there the rest of the night afraid to move or to call out. His associations, among others, were: the bear was his father, the attack was intercourse, and he was terrified just like the lady. He added several more dreams from years back, all of attack and violence, mostly of men upon women, but one in which the woman attacked. He broke off by again sleeping.

That night he acted as baby-sitter for his sisters, and he took advantage of his opportunity to touch and look at their genitals. The older sister was quite compliant, and he had further ideas, but instead of pursuing them, he went to sleep on her bed by her side and lost his opportunity. When he told about this in the hour, he promptly went to sleep. He slept so soundly that at the end of the hour I had to speak loudly to awaken him. The following day he was sure that I had been very angry and had attacked him. This reminded him of the bear attacking the lady. Why was she afraid? She was a rich lady, so would have a protector. The word protector reminded him of a rubber—the protection against pregnancy. I said that perhaps he had heard talk of this in the night—that fear of pregnancy may have been given as an excuse not to have intercourse. He said he had been wondering all day about that matter—why did his parents not have children for several years after marriage? Did they use a rubber?

For the next ten days he slept little and sometimes not at all. During this period he often came late, and a couple of days he stayed away. He talked a lot about being passive—his fear and shame of being passive, but also pleasure and safety in it. He remarked one day that he had a bad habit of giving up, losing interest

in work, and the example was this: when doing something with his father, he would work very fast, more energetically even than the father, but after a while he would lose interest, would slow down or even stop, whereas the father would continue.

The patient then solved this riddle by telling a story he had read about Stalin—what an awful man Stalin was! He couldn't stand the competition from his own sons. He was so envious of their youth and strength that he wanted to kill them. He did, in fact, send one son to a dangerous sector of the war, where he was killed. When I related this story of Stalin to his own giving up in competition with his father, he became exceedingly excited and wanted at once to tell his father.

During these days the head-picking habit, which had begun a month earlier, became more severe. He told me how much the habit irritated his father, who jokingly said he would have to cut his head off to stop it. This led the patient to a memory of a threat against his hands when he was a nail-biter—and on to a fear of having his penis cut off. Thus the fear of being active and competitive related to the fear that he would lose his life or his penis.

Associations to picking led also to picking his anus and to thoughts of faces, blood, and dirt. He began again to sleep every day in the hour. One day in a half-asleep state he had a peculiar and disturbing sensation: something brushed his face, and someone tried to pull his pants off. He thought of a vampire, of blood, of menses, of sperm, of peeing in the mouth, of vampires sucking blood, of spiders—he was terrified of spiders—of girls—he was just as terrified of girls, for they would hurt his penis. He also had confusing thoughts of the differences between the sexes and the origin of babies. He became quiet and turned on his stomach. When I told him that he was perhaps protecting his penis, he thought of his exposed behind and was so uncomfortable that he shifted to his side.

Picking his head was almost constant at this time and was so severe that his hair and hands were always bloody. One day I told him he must be afraid not to pick. He immediately agreed and told why: he was afraid that a scab would form, stick up and show through his hair. So he had to examine the spot repeatedly and at once remove any accretion that appeared.

His associations were to his penis, and when I said that this must represent an attempt to keep his penis from showing, he not only agreed but said he had had for the first time, the day before, an erection during the hour. He had been too embarrassed to tell me about it.² He slept throughout the rest of that hour and most of the next, and in his waking states said only that he could not continue the analysis after vacation and would see me only one more time before vacation, i.e. the day he left town he would not see me. It was very clear that his excitement was mounting steadily. He knew it and was afraid of it. I suggested to him that to come here the last day would be so exciting that he might get completely out of control. He agreed but didn't know what was so frightening and begged me to give him pentothal to make him 'say anything'. I added, 'And do anything'. To which he replied that only girls do anything. I said that he must have a strong wish to be a girl and to have a sexual relationship with me, but that in order to be a girl he would have to give up his penis.

The last day he came, he slept nearly all the way through—a restless kind of sleep. At the end of the hour he did not awake when I spoke quite loudly. Then I said quietly, 'I think you want to stay'. He answered quite clearly, 'Yes, I do, very much'. But realizing what he had said, he sat up, very much embarrassed, and said he didn't mean it. He left, saying he would try to come the next day. However, he did not.

He returned after vacation, only to say he could not continue, and for weeks it was touch and go whether he would. When finally his parents put some pressure on him, he did come back, and his first words were that the night before he had got a new girl friend. Sleep did not recur after the vacation, but he had erections daily in the hour, which he conveniently related to his new girl.

That, in essence, is the story of the sleep period. In considering this material, my first thought was to see how the sleep fitted into the sequence of the analysis and how, as a defence, it related to other defences.

In the beginning this boy tended, in the face of any anxiety, to deny it or to run away from it. He declared many times that he felt well and should stop treatment. Each time he said this, we discovered that some new problem

² Picking stopped completely at this time.

had arrived at consciousness. Gradually as we uncovered more of his memories, fantasies, and fears, he came deeper into the transference.

He developed new defences: he tried passively going along with treatment, he tried to have a girl friend, he came late to the hour day after day. His little excursions into anal material were a resistance which failed when he found I wasn't disgusted. He brought up old and new symptoms, particularly head picking. Masturbation became largely a defence. The biggest change perhaps was his increasing anger with me. Following several weeks of this anger, sleep began. I think this sequence in itself tells something about the patient.

Turning now to the question of what it was he was warding off by sleep, we easily get the answer from him. He told how frightened he was that he might get an erection during the hour. Accordingly we can assume that he was warding off sexual excitement, which, if it came clearly, would reveal a homosexual transference.

The content of these strong but prohibited wishes, which were clearly revealed in the dreams, associations, and acting out, was for the most part preœdipal and had several main themes.

First, and most outstanding, was the great pleasure he derived from having his body handled and having things done to and for him; e.g. being taken to the toilet and having his penis touched. I should add some examples here: he emphasized the pleasure, when fighting, of being hit; he received great pleasure from physical examinations; he liked to be sick and to be waited on; he fantasied having someone dress and undress him. All this was remarkably passive.

The homosexual nature of his wishes came clearly, too; e.g. the wish to have his father take him to the toilet, the complaint that his father was never home, the acting out with boys at this time, and his earlier homosexual experiences when he was the female figure in attempts at anal intercourse. All this points to an identification with the woman.

The anal or urethral nature of intercourse is shown by several examples already stated and by others. He still was when excited; he used to think that intercourse consisted of urinating together; he still believed that animals had no vagina and that in them the anus was used; in the early dream a bear attacked a woman from behind. Perhaps most suggestive was the absolute secrecy maintained about his bowels

and the complaint that his parents never talked about those things just as they never talked about intercourse.

An important theme was the violent and destructive nature of the sexual act, and in his fantasies both fear and excitement accompanied the prospect of such violence. The man is the attacker, but the woman is very dangerous too—enticing and weakening the man. He had mentioned earlier that the man in intercourse could not cause any noise or commotion because he is so weak and simply lies helpless. But in the intercourse dream the woman is terrified and helpless before the bear, and there he identified with the woman.

In all the foregoing content the patient was passive and identified with the woman. These were the things he wished me to do to him. He had to ward them off because of the destruction that would ensue.

In addition to warding off passive sexual wishes, sleep served as a defence against aggression. Sleep did this not only by shutting out aggressive fantasies but especially by inhibiting motility. Activity, his own activity, was terribly dangerous and led inevitably to destruction; e.g. his first mild expression of anger towards me was followed by a silence during which he had a horrible conviction that I was dead. Another example was competition with his father, where suddenly he would become bored and stop whatever they were doing together. This was directly related to the fear of retribution, i.e. his father might be like Stalin and kill him—or castrate him.

In the analysis, too, he was afraid of going too far with his aggression. Sleep, it will be remembered, came at a time when he was getting angrier and angrier. Sleep, it may be argued, prevented a further increase in anger which might have gone on to action.

I think we have some evidence to show how sleep as a defence against anger began. Prior to analysis and for several years before, this boy had no temper, never got angry. When the subject of anger first arose in analysis, he stated emphatically that there was no such thing—that when one feels angry, he is really tired. This led him to tell me that at age five or six, he had a bad temper and would frequently get very angry. The treatment for this anger—and it was treatment, not panishment—was to be sent to bed to rest, with the explanation that he must be very tired. These periods in bed would last as long as one or even two whole

days and made the most profound impression upon him. There, I think, began in an abnormal way the use of sleep as a defence against anger.

In addition to being a defence, sleep had several other purposes, among them that of seduction. Going to sleep clearly represented an invitation to me to do whatever I pleased with him. This was acted out later with a girl friend when he feigned sleep, hoping she would do something sexual to him.

More significant was still another meaning: sleep allowed expression of his sexual wishes. After all, it was as a result of the sleep that we discovered these wishes, revealed in dreams and waking-up fantasies. He fantasied that I would or did touch him, that his pants were being pulled off, that I was angry with him and had attacked him, that his bike was being wrecked, that something sexual was going on, etc. Thus, a change in state from wakefulness to sleep made possible what was otherwise impossible.

But I think we should go further even than this. Not only did sleep allow sexual wishes to gain expression, but the act of sleeping itself became sexualized; sleep came to represent a sexual act and took on a sexual function. I shall have to elaborate this with examples. The patient stated anxiously but freely on many occasions that there was something peculiar about this kind of sleep, something sexual, that he wasn't really tired nor did he need the sleep. He slept in this way, he said, only in the hour with me. When I interpreted this as a wish to sleep with me in the sexual sense, he began trying desperately to stop it. He started going to bed earlier, and when that did not help, he tried sleeping exactly before the analytic hour. This sleeping before the hour was accompanied for several days by masturbation exactly before the hour. Now we already knew what this latter meant. He had remarked at an earlier time that he was afraid if he did not masturbate, his sexual feelings would become so strong he might do something harmful to a girl, i.e. he would be overcome by his excitement. I think it is logical to place these things side by side and to say that in this instance sleep was sexualized and that sleeping before the hour was an attempt to discharge sexual excitement, just as masturbation served the same purpose.

There are other examples of this bringing together of sleep and sexual excitement. For instance, he told of going into his parents' bed

to sleep with them every Sunday morning. There was nothing sexual about this, he said, but he did stop doing it a year or so ago at a time when sex came to have a different meaning to him. This means, I think, that when the sexual nature of the sleep became apparent, he could no longer continue the game.

Another example was the occasion when sex play with his sister came to an end by his falling asleep by her side. At another time, following the period of analysis described, sleep and sexual excitement came together again. He had never kissed a girl, and one night with a girl who seemed willing he determined to try. However, he could not quite do it, and as he delayed, the girl became more and more excited and suddenly went to sleep. The next time he was with this girl, he discovered, just as he was about to kiss her, that the arm he had around her had gone to sleep. On all these occasions sleep, although clearly a defence, was to him in addition a very sexual thing.

Not so certain an example of the sexualization of sleep, but possibly so, was his conviction that during intercourse a man is weak, tired, overcome, and unable to move.

The origin of the connexion between sleep and sexual excitement is not absolutely certain, but there are clues that tell much. We have to go again to the time in his life when he frequently got angry, at the age of five or six. Then he used to be sent to bed for a day or so to sleep. As we learned more about these occasions, it became clear that they always began, not with anger, but with excitement. The excitement would be curbed and he would get angry, then he would be told that he was tired, and off he would go to bed for a good long stay—or one might guess until he was no longer excited. But this was not all we learned. The nature of the excitement, as could be expected, was sexual, and although he could not recall it, he was later to become sure it had to do with masturbation, and he had a rather remarkable observation to make about it. He said he thought that if a child was sexually excited, the worst possible thing you could do to him would be to send him to bed for such a long time; that there in bed, with nothing to do, the child would go wild with sexual thoughts and would be tempted more and more to play with himself. Furthermore, the fact that he was sent to bed, although it was intended as a deterrent to his sexual excitement and activity, may at the same time have meant to him an approval by his mother

of such activity. In any case, according to his own formulation, the mother, in sending him to bed, encouraged his masturbation.

One more point. He had originally made the flat statement of fact, 'There is no such thing as anger. When you are angry, you are really tired.' Here is not only a denial of anger but an identity brought between anger and tiredness. But the anger that was denied stemmed, as we know, from his sexual excitement, so the equation can be re-drawn thus: there is no such thing as sexual excitement; when you are sexually excited, you are really tired. This then creates an identity between sexual feelings and sleep.

Perhaps I have attached too much importance to these experiences, but I think there is no doubt that these and others like them occurring in a five- or six-year-old boy could go a long way towards bringing about a sexualization of the act of sleep.

Let me now recapitulate what we have come to so far and see what conclusions can be drawn. The act of sleep in this patient served as the ego's defence against conscious recognition of his wish to have a passive sexual relationship with me and as a defence against his wish to attack me sexually, the former being much the stronger. This defence was necessary because in the fulfilment of either wish he would lose his penis.

Up to this point in our understanding, the sleep can hardly be construed as a symptom, but its further meaning can certainly be so construed. The further meaning is this: the act of sleep was a substitutive sexual act. The nature of this sexual experience was, I think, a compromise between active and passive, between male and female. It was his way of achieving sexual pleasure and retaining his genital. In it he identified with both woman and man: with the woman in the passive fantasies, and with the man in the exhaustion which he believed to be the man's state in intercourse.

Perhaps it should be presented in a slightly different way, as well. Sleep as a sexual representative was neither male nor female, nor was it a compromise between them. Rather, it represented a non-specific gratification. Through the threat to his penis entailed in a genital orgasm, there was a regression to a pre-oedipal, undifferentiated form of expression, which was then reproduced, through displacement, by sleep. By this means he was able to avoid the conflict male *versus* female, to avoid

the loss of his penis, yet experience gratification of a sort.

There are many other intriguing possibilities to be seen in the meaning of the symptom, but we have to move on to the question: How and why did this particular symptom occur? According to my view, the sleep was a true conversion symptom, which came about in the following way.

As a result of the developing transference and the analysis of the ego's defences, the patient's id impulses, both libidinal and aggressive, increased in strength. This increase in instinctual strength, which was both absolute and relative, led the impulses inevitably to seek representation in consciousness and in action; and the ego, which has control over consciousness and over motility, was thereby brought into open conflict with the id. Usually at this point in other patients the rising impulses will be recognized consciously as wishes and will be expressed in words; or sexual excitement will be experienced physically and will be reported. That is to say, the ego will retain, in at least a semi-objective way, its function as observer, recorder, and controller of motility and will allow consciousness to remain clear.

In this case it was different. Here the ego was for the moment overwhelmed, and the whole thing—lock, stock, and barrel—was displaced on to consciousness. As a result consciousness was so strongly cathected with sexualized libido that it became in effect a sexual organ, and thinking became a sexual function. This then brought consciousness under a true sexual inhibition, and its function had to be withdrawn in the same manner as a limb will come under hysterical paralysis. At that point sleep ensued. But we cannot say that sleep just ensued, and let it go at that; we cannot ignore the intense feeling that was present. I think what happened was this: the state of sleep which came in place of the state of consciousness took over the sexualization with which consciousness had formerly been cathected. Thereupon the act of sleep, as a conversion symptom, was able to represent the inhibited act or acts and to give them expression. That the ego was able to tolerate this degree of sexualization in sleep, whereas in consciousness it could not, is to be accounted for by the low level of the one function compared with the other. The conversion symptom is thus made possible only by means of an ego regression.

Still to be considered are the questions:

Why in this patient did consciousness become so hypercathected with sexualized libido, and why was sleep the chosen symptom? In other patients where consciousness becomes sexualized, a different result may occur, e.g. confusion, fugue states, amnesia, fainting, and the like. Probably the choice of sleep was determined by many things, but, as we have seen, resulted mainly from the early experiences of having to sleep off his sexual excitement. Even earlier connexions have to do with the sexual excitement of being taken to the toilet half asleep and of hearing in a half-sleep his parents' sexual activities.

I should add that sleep was not the only symptom he had of this kind. He had had a number of real fainting attacks, and on numerous occasions during analysis he had severe attacks of faintness which affected consciousness. He also had attacks of 'freezing', which were both mental and physical. These freezing attacks, as well as the fainting, seemed directed more against action than against thought.

Why consciousness was so readily sexualized in this patient seems to have two main tributaries. First was his very high intellect. His intellect was his greatest strength, or at least his greatest facility. In this field he was most at home, and by his skilful thinking he could best solve problems of all kinds. He could and did drive his parents and teachers to distraction by means of intellectual trickery. He played games with them in a very pleasurable way—pleasurable for him. Added to this was the influence of his parents, themselves of strong intellectual bent, who placed great emphasis upon the value

of thought. He was constantly taught to think things through, to see every side of a question, to consider all the consequences of an act before it was committed, etc. All this suggests a tendency from earliest childhood to draw on to consciousness many cathexes properly belonging to bodily activity.

The second factor bringing about a sexualization of consciousness, and perhaps the primary one in importance, was a remarkable devaluation of the body as an object and of bodily function. He attempted to place no value on clothes or appearance, and the more ragged he was, the better. He paid little attention to bruises or illnesses. His bowels particularly came in for almost absolute denial, and once he said he did not want to consider them a part of him. His parents contributed greatly to this; e.g. bathroom doors were never locked, often not even shut; undressing in public was the custom. All of this had the aim of denying the importance of the body or its functions, for in spite of the apparent openness at home, there was in the patient the most remarkable ignorance of the body; e.g. he did not even know the meaning of the words 'constipation', 'diarrhoea', 'laxative', and did not even have a word of any kind to designate faeces or the act of defaecation.

I am going to conclude discussion of the symptom at this point, although one is sorely tempted to rework its other meanings. I am sure it is greatly overdetermined, and from what subsequently turned up, many more connexions to the sleep could be made. But that would be going too far for the present.

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ON THE PRINCIPAL OBSCENE WORD OF THE ENGLISH LANGUAGE.

(AN INQUIRY, WITH HYPOTHESIS, REGARDING ITS ORIGIN AND PERSISTENCE)¹

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The word under discussion is known from childhood to most persons born to the English language, despite the severity of the taboo connected with it. Those who learn English later in life seem to learn this word promptly, regardless of their speed of acquisition of other words. Often it is known to people in remote parts of the world, whose remaining English vocabulary is negligible (86). Furthermore, the word has a recorded history of almost four and a half centuries, beginning with its forthright use by distinguished Scottish poets; less by half a century, if we distinguish between English and Scottish. While our current use of this word demonstrates how little printed language may reflect popular speech, this national difference in literary usage may have some significance, especially when considered with the fact that our word has in general been used more freely and boldly by Scottish than by English writers. The possible significance of this will be mentioned later in relation to my hypothesis.

Since language is the chief instrument of psycho-analysis, and sex a major field of its scientific and therapeutic interest, the investigation of an obscene word would seem a natural psycho-analytic undertaking, especially when it is considered that obscene language, as a special variant of slang, lives and thrives in relation to conventional language, without official notice, in much the same sense that infantile sexuality lived and thrived—in child and adult—before Freud brought it to scientific attention. Freud wrote of obscenity in *Wit and its Relation to the Unconscious* (37) explaining its function as a substitutive sexual aggression, which derived its effectiveness from the peculiarly evocative character of the obscene. Ferenczi (31) explained the significance of obscene language in terms of the uniquely vivid character of the words, their capacity to evoke a type of regres-

sive hallucinatory perception as opposed to the relatively pure intellectual message of conventional words. (We may wonder if this quality is related to the special character attributed to the hypothetical 'roots' of philology.) He explained this quality by the association of the obscene words with the childhood period of learning, observation, and theorizing about sex, and the intense feelings of the Oedipus complex, all subject to repression before the secondary acquisition of sexual knowledge and vocabulary. He postulated a period in which the use of obscene language represented a last stronghold of infantile sensual pleasure before true latency began. Bergler (10) later reviewed the ideas of Freud and Ferenczi, presented his own case material, and emphasized the importance of the varying anal and oral gratifications to a given individual when obscene words were uttered by him or by his sexual partner. Bergler felt that the oral factor had been neglected in psycho-analytic literature. Another paper of Freud is especially relevant to this study, though it had no immediate connection with obscenity. In 'The Antithetical Sense of Primal Words', Freud (35) wrote an appreciation of the significance of Karl Abel's little book of the same name (1). Abel's observation is relevant to the hypothesis to be discussed later. Furthermore, it led Freud to state his own early conviction regarding the potential value to psycho-analysis of the understanding of intrinsic language dynamics. In our present undertaking, it is rather a mutual illumination between word and psycho-analysis that is hoped for, in somewhat the same manner that the recovery of the past and the scrutiny of the present illuminate one another in the actual work of psycho-analysis. The views of the psycho-analytic writers already mentioned relate to the experience of the obscene in general rather than to specific words

¹ Read, in an abridged version, before the New York Psychoanalytic Society, 15 May, 1951.

or phrases. Communications regarding the determination of such fixed expressions have appeared in psycho-analytic literature, although infrequently. Blau (11) has sought to explain the absence of a slang term for the clitoris as a manifestation of denial of the organ, because of the unconscious attitude of both sexes towards it. Kanner (58) later sought to supply the missing terms without rejecting Blau's observation of relative infrequency compared to other sexual terms. Bunker (19), utilizing the concept of body-as-phallus and the striking memory of a terminological confusion in a patient, called attention to the resemblance between a Middle Gaelic term for penis (*Bod*) and the English word 'body' in relation to the obscurity of the latter word's origin. Of special relevance to the present study is the very brief communication by Vivian Thompson on the expression 'Irish toothache' for erection (99, 83).

The present inquiry into the genesis and vicissitudes of the word 'fuck' was initiated by the clinical observation of a distinctive use of the term by a female patient. The special interest is focussed on the word itself, rather than on the general problem of obscenity, on comparative sexual terminology, or on the word's various figurative uses.²

It should be noted at the outset that scholarly information about this important word is remarkable for its scarcity, although spoken communications about pseudo-authoritative etymologies or personal opinions are extremely abundant. No reliable American or English general dictionaries now current contain the word. Furthermore, and somewhat more surprising, one may examine, as I have done, a considerable number of dictionaries devoted to vulgar language without finding it (54, 105, 82, 8, 52, 53, for example). It is interesting that the first French work on English vulgarisms I consulted does define the word (73). However, the French term *foutre*, thought by some to be the immediate source of our word, does not always appear in French dictionaries.³

The redoubtable Mencken does not print our word (74, 75). The great Oxford Dictionary (80) does not mention it.

In the *Dictionary of the Vulgar Tongue* of Captain Francis Grose (45) the term is defined,

² One element in numerous figurative uses should be mentioned. With the frequent tendency to utilize the word in one of its many forms in neutral compound intensification—for instance 'the best (or the worst) fucking day'—the preponderantly hostile or pejorative meanings of these expressions should be noted.

and in Partridge's edition (1931) (44), and later in Partridge's own dictionary (81), it is thought possibly to be derived from French *foutre*, (Greek *phuteuo*, Latin *futuere*), the medial 'c' and the abridgement being ascribed to an unspecified Teutonic radical and an Anglo-Saxon tendency.⁴

The first lexicographic appearance (1598, originally?) is assigned to John Florio's Italian-English dictionary (34) where it appears with four other words used to define the word *fottere*. The practical disappearance from the language of the other words, 'jape, sarde, swive, occupy' should be noted, in relation to the tenacious vitality of the word we are studying. In the copy (1611) I examined, 'fucke' follows 'jape', and is followed by 'sard' and 'swive'. 'Occupy' appears several times in the definition of compound or derivative words.

In Partridge's dictionary (81, 83) there is reference to a paper by Alan Walker Read (86), whose Teutonic etymological theory is thought to be more probably correct than the 'foutre' derivation. Read's paper is invaluable as a summary of the general history of the word and its vicissitudes of status, in literature and in dictionaries. Read mentions the Scottish poets, William Dunbar (about 1460-1513) and Sir David Lindsay of the Mount (1490-1555), as the first writers in whose works the word appears, and refers to the examples given by Farmer and Henley (29) as evidence of the generally greater linguistic boldness of Scottish writers. Outstanding in Read's historical survey is the fact that the attack on obscene words in literature began even in Elizabethan times, and apparently increased in severity thereafter. Our word does not appear as such in Shakespeare (*foutre* appears twice) (9). It is absent from certain old dictionaries (13, 21, 67, 85). The Earls of Rochester (1647-1680) and Dorset (1638-1706) were the last English poets to use it; yet the word appears about 1790 (?) in Burns. A sort of attempted revival of the word may be ascribed to Joyce and Lawrence. However, this type of purposive and self-conscious employment of a word which is generally taboo is different from its original natural place in the vocabulary of writer and audience. Such a phenomenon and its effects are still difficult to

This tendency is connected with the central hypothesis of this paper. Also see Sperber (95).

³ 'Foutre' has apparently lost its sexual importance in French, preserving some pejorative significance.

⁴ Would this be analogous to a possible *foutre-ficher-fichtre* series in French? (12, 38).

evaluate in history. The same is true of the present vogue of the word, concurrent with the general 'popularity' of sex.

In discussing the etymology of our word, Read vigorously denies that it has any connection with the Latin *futuo* or Greek *phuteuo*, which he feels are related to *fui* and thus to the meaning 'to be'. Our word, he feels, belongs to the original stock of native words, as can be seen from its cognates in other Germanic languages, and its original meaning was 'to knock'. Referring to Kluge, Grieb and Schröer, and Brynildsen, Read gives as cognates Old Dutch *ficken* (*schlagen*), late Middle High German *vicken*, and German *ficken*. The first appearance of the word in its obscene sense is ascribed to Michael Lindener's *Rastbüchlein* (1558). (70).⁵

The presumptive Latin cognates are thought to be *pungo* (to prick or puncture) and *pugil* (boxer), from the root *pug* (to thrust or strike). Probably because of the word's obscene character and the consequent paucity of reliable documentary material, Read's strong opinion about a unilateral etymology is stated somewhat arbitrarily, without documentation of intermediate sources. In such a situation the obligation of critical judgement is heightened, also the impulse to investigate the matter directly, with due regard for the difficulties inevitable in seeking to understand the material of a separate and highly developed field of learning. The etymological problem will be resumed later in this paper.

My own clinical experience was as follows: Mary S., married, usually in sudden pauses of her free association, would state that there came to her mind, without affect or impulse, the phrase 'I want to fuck the analyst.' This was usually entirely out of context, at first gave rise to mild conventional embarrassment, and later came to be reported with slight bored irritation as a sort of recrudescence mild nuisance. (Descriptively, the phenomenon included an obsessive element.) Once, on leaving the analytic hour, the patient paused at the door to say: 'Now the phrase comes to me—I want to rape the analyst', and on one occasion there was instead the phrase: 'I want to kill the analyst.'

It should be noted that infrequent frightening hostile thoughts about her near relatives were among the patient's minor symptoms. Her principal complaints lay in a tortured oversollicitous anxiety about the health and general safety of her husband and child, and a generally coercive, supervisory, and protective participation in their lives. The morbid significance of the latter attitude assumed greater proportions in her insight as time went on, as the oversolitude diminished in intensity. With more time, there emerged with increasing clarity an exacting, demanding, impatient and querulously pessimistic attitude towards husband, child, and analyst, (reflecting historical experience in the family), with a remarkable repetitive need to find herself 'disappointed' and a reactive violent hostility, whose force found some direct expression only in occasional outbursts against her child and in critical nagging of her husband.

The patient was largely although not constantly frigid in her marital relationship. She had married as a virgin after many years of successful executive work in business, rather ephemeral and highly self-conscious social relations with men, and a long history of devoted attachments to women friends and colleagues. There was abundant analytic evidence of preponderant unconscious homosexual orientation, violently denied, with intense acquisitive penis envy, also severely denied.

The patient's original sexual solution in her marriage was an exaggerated histrionic sexual compliance, preceded by orgasm, secretly induced by pressing her thighs together during the sexual play. In this manoeuvre, she epitomized sexually what occurred in the broadest manifestations of her character and interpersonal relations, including the transference. She rendered herself free, of need, and of any possible danger of disappointment. Wherever possible she went further. She sought to make everyone dependent upon her and grateful to her, often in fact, always in fantasy, as in the transference fantasies, where she would become a great benefactor to the analyst, or emotionally indispensable to him. On one occasion, when at home with a somewhat equivocal illness, she spent a great deal of time speculating on whether

the analyst missed her, with no conscious emotional reaction on her side whatsoever. She took pains to emphasize that one of the reasons for her choice of analyst was her initial impression that she would not fall in love with him. The patient had grown up with an ignorant capriciously abusive mother who smothered all strivings towards maturity in her, even in connection with learning routine housewife's skills, and who violently attacked her pubertal sexuality by pathological accusations of incest between her and her father. The accusations were perhaps overdetermined by what the patient thinks was early developing impotence in her father. What the mother gave the patient was the type of forceful over-protection and supervision which the patient later manifestly thrust on the people around her, and which she continued to seek for herself from those about her, with no, or minimal, awareness until the analysis intervened. The one respect wherein the mother manifestly and grossly failed the patient was in connection with the general knowledge and the social techniques that would have facilitated her external development. The patient's sister, her 'second mother', was gentle and helpful to her, but left the home to marry while the patient still needed her; and had her own babies, against the patient's remembered anxiety and inner protest. Her older brother, the second sibling, was the apple of the mother's eye, early evoked the patient's admiration and attachment over her hostile envy, yet also disappointed the patient whenever her expectation of dependence were strong. The father was a gentle affectionate man, ill from the patient's earliest years, overtly awakening a strong attachment in the patient, but definitely stimulating in her the first remembered instances of extreme and guilty oversolicitude, with anxious obsessive concern, of such intensity as to vitiate seriously her adolescent social life. The father, partly because of his serious illness and partly from character-defect, kept the family in a state of constant anxiety and borderline poverty, vividly remembered by the patient. After he died, just as the patient became an adult, she entered business life and soon attained a position whereby she could support her mother, help her married sister, and father.

When she married into a prosperous business family, although she renounced her own business career for the role of housewife (with many resultant problems), her own position of power in relation to friends and relatives was greatly augmented. Nevertheless, in her husband she managed to find a complete father surrogate, even at times evolving subtle complicated reasons for feelings of financial insecurity, although actually wealthy.

As the analysis progressed, viewing the movement in broad outline, there was a progressive appreciation of the depth and intensity of the patient's own dependent receptive (oral) demands, against whose exquisite vulnerability to disappointment and the related latent rage there had been erected an inveterate attitude of independence, need to provide for others and to dominate them, and to avoid at all costs the position of needing what another person could provide, whether the requirement was in terms of money, sexual gratification, or affection. From the point of view of unconscious infantile processes, an aggressive phallic attitude was predominant, at times with the castrated male as object; the breast, as such, was rarely evident in analytical material, although food and eating were frequent themes. It was as though the dynamic attitudes originating with the disappointing breast had become incorporated and fixed in the attitude towards the phallus and the inveterate wish to return to a female object was to be expressed or implemented by securing and bringing to the latter a phallus.⁶

In the years before her marriage the patient acted out a role of this general nature in substitutive symbolic terms, although the acquisitive phallic aggression towards the male was reflected until her marriage largely in the frigid sexual attitude towards him. An anal phallus which her mother admired was accepted as a basis for overt competition until this incentive was also disavowed under the combined and over-determining stress of unconscious competitive guilt and the conscious determination to marry, as befitted a woman. It should be noted that the patient was an attractive woman, thoroughly feminine in appearance and overt behaviour and (in special connection with the linguistic phenomenon which interests us here) definitely careful,

almost precious, in her choice of words and in her accent, in strong and generally successful reaction against the painful illiteracy of her early environment.

With this brief sketch of the patient's personality in mind, we may return to her repetitive phrase. The striking aspect of the phrase was the reversal of the usual masculine-feminine direction of the word, from the point of view of all my observation of everyday usage, and all that is available of lexicographic authority on this particular point (3, 5, 6, 81). This the patient readily accepted as a problem when it was first pointed out to her. Curiously enough, much later, when the broader character resistances had been to a great extent analyzed, and her own infantile passive needs and their vicissitudes well developed in her awareness, she once undertook to argue that the phrase had no significance, that she had not learned this grammatical distinction when she learned the word (although the process of learning was never specified as to incidents). She did admit however that 'to rape' a man was unusual,⁷ and that equality of activity—an intransitive 'to fuck with' had not occurred to her.⁸ To the author, this sudden (and evanescent) resistance was contingent on the threat of awareness of the direct connection between her phrase and the intense oral conflicts underlying it. In a still later phase of the analysis, when the chief problem was the effort to bring the patient's exacting oral transference attachment to resolution, the phrase reappeared only rarely, usually in a demonstrably unconscious relation to its context.

Since only one aspect of the clinical-linguistic problem is being stressed in this paper, it is well to mention at this point that more than one factor indubitably entered into the patient's choice of expression. Omitting the consideration that at certain points it became a quasi-conscious evasive device for expressing sexual fantasies, there was no doubt that from the beginning one determinant of the spontaneous symptomatic form was the simple feminine heterosexual incestuous wish, which found naïve and short-lived expression in early dreams. Next and closer to the long-standing functional ad-

justment of the patient's personality was the expression of the strong phallic impulse with masculine identification, in a positive relation to a woman, or occasionally in hostile relation to a man. In this latter connection and touching on the phrase 'kill the analyst', as well as the oral consideration to follow, I may mention a dream about a male neighbour who died after a long illness during the patient's chronic anxiety about her husband's health. The dream was that it was necessary to test his death by 'fudging' him, the actual manoeuvre remaining unclear. The only thought the patient offered was that 'fudge' resembled 'fuck'. Another general conflict that found some focal expression in the patient's use of this 'dirty' word, especially in its paradoxical aggressive direction, was in the anal sphere of her sexuality, which permitted every inference of severe early training—in the character of management of aggression or emotional display, in connection with money, in the actual sphere of dirt and cleanliness, in her ritualistic toilet habits, in a few early memories, and in many manifest dreams regarding the excretory functions. This verbal displacement of excretory impulses has justly been accorded an important place in the general problem of pleasure in obscene language.⁹

However, the connection which seemed crucial and especially challenging to me was with the patient's receptive oral wishes, i.e., with her impulse to suck. If her character had been built around the denial and actual reversal of such wishes, could not the striking reversal of usage of a primitive sexual word have an allied determination? Furthermore, might not the structure, i.e., the spelling and sound of the word itself, so obviously similar to the basic word for her deepest repressed impulses, participate importantly in this mechanism?

The literal importance of the sucking impulse in this patient found definite verification with the passage of time. Early her only reference to this theme was her pleasure in having her husband suck her breast as part of the fore-pleasure. In the same period she spoke of the fact that her husband and she 'ate too much, because of their unsatisfactory sex life.' Later she began to

⁷ In connection with the word 'rape', one may mention Devereux's study of Mohave orality (24), where the denial of orality is necessarily so severe that an attempt at rape is thought to have been provoked by an implied taunting offer of the breast.

⁸ For intransitive preponderance, see older Scottish *fuk, fuck* (22).

⁹ The relationship between this phenomenon and

the investment of the entire system of free association in the analytic relationship with similar or related energies is an important theoretical problem beyond the scope of this investigation. See Fliess (33). The same is true of the important position of metaphor in language, as conceived by Sharpe (90); also the problem of words and preconscious function (65).

mention the occasional fleeting wish for fellatio or cunnilingus, or both, during intercourse. There were also a few brief but unequivocal references to fellatio wishes towards the analyst. Quite late in the analysis (in the general period in which her attempt to devalue her rhetorical idiosyncrasy occurred) she mentioned a social situation in which her usual inner shyness and somewhat strained social elegance and vivaciousness were much relaxed. On this occasion she had frequent fleeting ideas about sucking the penises of men with whom she had pleasant conversations, especially those of advanced years. In the context of this patient's rigid character defences, the unsolicited emergence of literal, if non-spectacular, sucking fantasies was thought to be especially important.

Two fragmentary recollections early joined themselves to my effort to understand my patient's expression. One was a rhyme quoted to me many years before by a colleague, from the analysis of a male patient about whom I knew nothing else: 'I wonder when I'll quit sucking and start fucking.' The other was a transitory expression by a female patient who, partly from external psycho-analytic rumour and partly from actual interpretation, was painfully impressed by her inability to become aware of and thus to express hostile attitudes towards the analyst. The patient's transference was of a deeply dependent oral character, with marked inhibition of latent oral rage. Her slangy and wistful expression of the difficulty was: 'I certainly would like to be able to sock you.' The choice of word as such was not interpreted. Nevertheless the analyst's immediate intuitive reaction was that this choice, aside from its appropriate and manifest meaning, also included the latent resemblance to the word 'suck', i.e., to the unconscious impulse which was still predominant in the patient's interpersonal orientation, which in its disappointment generated most of the unavailable rage to which she referred, and which in circular fashion, lest even the inhibited relation be placed in jeopardy, contributed largely to her inability to attack. (In this connection, notice the overlapping etymology of *suck*, *soak*, and *sock*, the last in secondary substantive meaning, which in fact includes an obsolete variant of the word 'suck' 'soak'.) (80) The second-hand rhyme of the male patient merely drew attention to the dynamic conceptual antithesis between the words whose obvious rhyme is used with what

seems to me remarkable rarity, even in ordinary obscene jingles of the day. This may well be because of the intense and complicated feeling latent in such juxtaposition of words. It should be noted that the word 'suck' itself was at one time among those threatened with ejection from the polite vocabulary (86).

From these impressions, I developed the preliminary idea that the rhyme with the word 'suck' might have been an important unconscious determinant in the linguistic fixation and taboo of our word in general usage, regardless of its origin. The participation or prior operation of many other factors, including those within the scope of known linguistic laws, would be assumed. The formulation was felt to be important enough to merit investigation, not only in its own right but because of its implications. What will be given below is devoted to the establishment of this preliminary idea as a reasonable scientific hypothesis. It is also hoped that the effort itself, independent of its degree of success, will prove of heuristic value.

We may assume that there is an important reason for the persistence of this word longer than all other modern English coital terms, in both usage and taboo. If 'jape' and 'sarde', given by Florio, are now unknown, and (Chaucer's word) 'swive', which has a much longer printed record in English than our word, is a rare literary affectation or archaism, and 'occupy' was returned to the language in the second half of the eighteenth century, without sexual meaning (86), why is 'fuck' so vividly alive in the language?

The word 'fuck' is distinguished among coital terms, whether slang, literary, or scientific, by its absolute and exclusive explicitness, in a conscious sense. (The ambiguity connected with the existing or potential unconscious rhyme may be a part of the word's rich evocative capacity.) The word has no other primary meaning; all other meanings are figurative or (at the present time) consciously derivative. When a man says: 'I got my day all fucked up', he is fully aware of the primary sexual meaning of the word. (That this awareness may disappear in the course of centuries, as in the evolution of actual sexual words traced by Spenser (95) may well be true.) Certainly all other common and current slang words for copulation are secondary or derivative, of exceedingly varied determination, ranging from highly ambiguous or euphemistic expressions, such as the popular 'to sleep with', to the

mechanical, focal, and somewhat sadistic 'to screw'.¹⁰ It may be objected that certain terms from the scientific or legal vocabulary, such as 'coitus' or 'fornicate', are now quite precise in meaning. This is true, but not to the same extent psychologically or in the same exclusive sense as 'to fuck'. To the group who use such terminology, the sense of derivation from another language is usually a conscious matter and—not seldom—the precise meaning of the etymological words of origin. The same distinction may be made with regard to the other so-called 'four-letter' words and their elaborate equivalents. Related to the specificity of the word is another important feature, and that is its rich many-faceted communicative capacity. While it may be used without or with slight modification as almost any part of speech in a sentence, it has all the implications of any form of sentence in itself, and could easily be used as such, in a primitive sense, *without* other words. In this it fulfils conspicuously the criteria sometimes described (39) for the postulated 'root words' of primordial speech. (See Baker's opinion regarding the central linguistic position of obscene language.) (7)

This archaic quality in the word 'fuck', in

its hypothetical relation to 'suck', is anachronistically (or cyclically?) (14) relevant to Abel's demonstration of the frequent antithetical sense of primal words, based largely on the ancient Egyptian (with an appendix based on other languages, prominently Arabic.)¹¹ (1). If the same primal word could mean strong and weak, or light and dark, or words of equivalently opposite meaning could differentiate from an original stem by slight sound alteration, it seems a tenable hypothesis that 'fuck' and 'suck' bear a relation to each other similar to that borne to one another by the slightly differentiated primal words (without consideration of the genesis of the coupling at this moment.) The general etymological question is, not fully explained by Abel.¹² If we assume the reasonableness of the hypothesis that the words 'fuck' and 'suck' have a general unconscious association in English-speaking people (at least because of the inevitable latent rhyme), we have one tentative dynamic basis for the general understanding of the antithetical sense of primal words, in that the verbal correlate of the first focal expression of the fundamental object relationship of extrauterine life (i.e., sucking) finds persistent representation in the very struc-

¹⁰ When I mention current everyday usage without qualification, it should be understood that I speak of American slang, which may or may not coincide with English.

¹¹ Among the Arabic words, in my view, are noticeably a large number connected with the oral sphere. Can this be due *only* to the importance of the desert and the camel? See the word 'wean', which is now used largely in the sense of the deprivation of sucking. Its original meaning was the complementary and—in a sense—opposite one, i.e., to give solid food (93, 39).

¹² Abel refers to the views of the philosopher Bain and the etymologist Tobler in this connection. Bain postulated antithetical words, without reference to linguistic facts, as a logical necessity, based on 'the essential relativity of all knowledge, thought, or consciousness.' Tobler mentions that such double meanings are already present in the same roots in the first speech formations. He does not believe that one springs from the other, but rather that the basic meaning has its true existence in this polarity, analogous to an electro-magnetic field. Apparently Abel's views are not accepted by all linguists today (50), presumably because of etymological consideration. However, the existence of individual words or almost identical couples of antithetical meaning in various languages, regardless of derivation, cannot be doubted (1, 39, 93; Grimm (42) under *fahen*). I myself occasionally stumble on new ones. In Persian, for instance, the word *tond* means swift, *konil* means slow (45, 46). (Note that 't' and 'k' have a relation in infant speech) (55, 69). In the same language, the word *fara* may mean ahead or behind, front or back, far or near, etc. It is possible that such word or its progenitor was originally accompanied by a gesture, as suggested by Abel for certain Egyptian words. Where words are of different etymology, it is hardly

likely that purely phonetic attraction would tend to approximate them, against semantic contradiction, were there not at least an unconscious acquiescence or possibly an actual drive in this direction. Aside from other considerations mentioned before or elsewhere (as in the case of 'wean'), psycho-analysis provides analogies for such a phenomenon, ranging from demonstrable antithetical representation in dreams or symptoms to the fundamental dual instinct theory. Certain basic 'confusions' in the early phenomenology of speech provide a possible additional element in this tendency. The problem of learning the difference between the words 'you' and 'I' is often manifest in children, a matter which, like the existence of the actual personal mirror image (and the complementary organic phenomenon, strophosymbolia), must become connected with the deeper psychological representations of 'subject' and 'object'. That the 'you-I' confusion in a child can be solved in a manner analogous to compulsion was suggested by a little girl exhibited to me by an amused mother. The child could not utter the letter 'u', except when it was isolated, in immediate mimicry. If asked to spell the word 'cut', immediately after it had been spelt for her, she would say 'c-m-e-t'. A similar milder problem exists later in life with regard to the grammatical distinction between subjective and objective cases in the pronouns. Certain individuals, who have overcome with effort the tendency to say 'me' for 'I', will, consistently, with a self-conscious air of correctness, substitute 'I' for 'me' after prepositions, i.e., 'for you and I'. The urge to mastery of an object may conceivably play a part in approximating opposites. A child less than two was observed commanding the household cat repeatedly and urgently to 'sit down!' When the cat refused to obey, she shouted 'Stamm up (stand up), pussy!'

ture of another word (or in the unconscious obligatory rhyme association with that word), which represents a reversal of the original situation in the second great biological expression of object relationship, that is, in sexual intercourse.¹³ If we think of the 'f' and 's' sounds, in this context, as differing largely in terms of a modification of the sibilant sound corresponding to the appearances of the actual letters in German (and in earlier English) typography, the 'f' representing emissive and intromissive activity, the 's' receptivity and some form or degree of passivity,¹⁴ breast or penis on one side, mouth or vagina on the other, a tentative and oversimplified but concise diagrammatic formulation may be attained. The differences in linguistic application in the respective sexes are consistent with other psychological differences, and do not vitiate but rather support the importance of the putative verbal relationship. The important genetic link would lie in the common experience of externally given gratification and externally imposed deprivation in the oral sphere, in infancy.

The proposed hypothesis, insofar as it permits general and tentative inferences, can contribute a greater psycho-analytic consistency to the ingenious theory advanced by Sperber, in his scholarly essay on the origin and development of speech (95). Sperber recognizes the importance of the infant's hunger call to the mother as a motive for individual speech. However, since the infant must learn conventional speech from the adult, and since certain repetitive con-

ditions for the standardization and propagation of speech can be met only by the adult, Sperber assigns the preponderant role in speech genesis to the adult mating call, and then to the exclamations from secondary sexual tensions aroused by the coital fantasies implicit in the use of various tools. The tendency is to separate adult genital coitus as sexual from other forms of libidinal object relationship. The differences are obvious and important. However, the urgent need for the object is a common denominator. There is also a continuum between the infant's cry and the mating call in terms of libido or sex in its broader sense. From the point of view of indispensability of response of the object (hence relative intensity of the urge to communicate), the greater urgency must be accorded the infant's cry—aside from its vast genetic priority in time, the augmentation of communicative need by motor helplessness, and the probable proximal importance of oral (and anal) libido and aggression in the speech phenomenon. It is reasonable to assume that the call to the mother, however minimal its immediate role in the details of learned speech, remains of basic importance in the impulse to communicate, and that it has a definite psychological share in the mating call itself, and thus in the exclamations generated by the tool fantasies.¹⁵ (Note the frequent oral fantasy interpretations of the primal scene.) Between the infant's cry and the mating call psychologically, although much closer to infancy in time, lies the period of infantile phallic

¹³ In omitting the sphincter impulses, no depreciation of their importance is intended. However, they are not primarily and immediately dependent on objects; hence they are originally more intimately related to autism than to communication. That autistic (specifically auto-erotic) anality contributes to the peculiar effect of basic obscene words, entirely aside from the association with primitive emissive relief, is my conviction. The pleasure in uttering obscene words lies not only in the communicative effect on the object but in the simultaneous autistic pleasure of utterance. The latter then heightens the importance of the most primitive fraction of object relationship and thus of communication, the fantasy of mutual identification.

¹⁴ The problem of frequent conventional linguistic confusion in psycho-analytic usage is one which must be accepted as an impediment and implicit reservation in any condensed formulation throughout this paper. In sucking, for instance, the mother's 'activity' is essential to the establishment of the entire breast-suck complex, yet there is no doubt that sucking as such is the infant's 'activity'. The question of projective versus recessive or emissive versus receptive is without this confusion. In the adult sexual act, the total role of the individuals is even less easily categorized, except in statistical convention; the immediate anatomico-physiological relationship more

clearly involves activity in the male, receptivity and relative passivity in the female, although even in this connection there are variations which increase in possible degree with the remoteness from the zone of genital conjunction.

¹⁵ In this assumption, which merely parallels and particularizes the general trend of thought of this paper, I am extrapolating to the theory of communication a conception which is firmly rooted in the history of psycho-analytic theory. In his basic formulation of observations and ideas concerning sexuality (36), Freud repeatedly gives evidence of his conviction regarding the importance of the nursing relation to the mother as the basic prototype of object love, and clearly accepts the possibility of a direct dynamic psychological continuum between the phases. The phase of genital primacy is conceived of, when normal, as a 'firm organization' including earlier phases, rather than as something essentially new. We may also refer to Brunswick's important paper on the pre-oedipal phase (17). I believe that some linguistic evidence reflexively supports the conception of the enduring dynamic importance of the pregenital organizations in adult sexuality. Of the series 'active-passive, phallic-castrated, masculine-feminine', it would be reasonable to assume that all find some representation in the putative linguistic transition from 'suck' to 'fuck'.

primacy with its intimate relation to its pre-genital substructure.

We may now temporarily relinquish the words as such to seek broad parallels in unconscious dynamics. The penis-as-breast, the vulva-as-mouth, are frequent unconscious fantasies in both sexes. The same is true of oral impregnation. That the male often seeks food or drink to stimulate or replenish semen is well known; the loving female often fulfils this fantasy for him. That oral problems may find expression in disturbances of erectile or ejaculatory potency in the male, or in frigidity in the female, is also well known. The impulse towards (even the attempt at) auto-fellatio in the pubertal male is of great frequency. Both statistical study (60) and psycho-analytic experience support this. The instances in which dreams reveal the auto-fellatio fantasy implicit in masturbation, especially and more frequently in males, less frequently and more subtly in the female, are so impressive that I have often wondered whether adolescent masturbation as a transition phenomenon does not quite generally include the effort to find physiological genital satisfaction while maintaining an oral fantasy in relation to a parent with whom the masturbator is identified, under conditions resembling the earliest auto-erotic sphincter gratification. A related fantasy is carried out with an external object in the practice of *soixante-neuf*. Here it should be noted that '69' or its components, fellatio and cunnilingus, have in the last few decades, among the intellectually emancipated classes, practically lost their aura of taboo, so long as they are part of forepleasure, and are not homosexual. (See Freud's reference to them as 'perversion'.) We may assume that this very literal juxtaposition and blending of oral and genital sexuality was unconsciously present in a widespread sense in the period when the general taboo and individual repressions were stronger. We may venture the crude estimate that the recent diminution of intensity of the taboo on the word 'fuck' corresponds in time to the general diminution of the taboo on oral-genital practices. In the pathological jealousy of the alcoholic where oral addiction is linked with pathological rivalry in genital terms, there can be no doubt of the profound contribution of the oral sphere to the entire syndrome, whose proximal basis in homo-

sexuality is generally accepted. Again, the increase in drinking in our time and place of observation must be noted.

Speaking in broad and mixed generalities, the woman who may be said to have a genital mouth, is liable to envy the male's activity and his protruding emissive genital organ. In the male, the passive cravings and corresponding envy are powerful, but usually more severely denied and reacted against, both because of stronger cultural sanctions and the unconscious threat to bodily integrity usually involved in such fantasies. Male passivity is an important general factor in the neuroses, and while it has many determinants, surely the problem of male orality is an important one. In the case of the woman patient whose phrase first stimulated this study, it was as though she had unconsciously become a man in her fantasy development, and her own pressing oral needs, fraught with painful memories of disappointment, could now only threaten her fantasy phallus, her new basis for satisfactory object-relations. Hence the impulse to 'suck' was best defended against by the intensification of a drive opposite in direction which still included a hidden fraction of the search for the older gratification. This is analogous to the well-known hypererotic defence against passive male homosexuality. Viewed genetically, the homosexual defence is a sort of caricature of normal male genitality.

The tendency or need to give a phallic or active coloration to a passive receptive libidinal activity is striking, and has long been evident in the cultural attitude towards the drinking of alcohol. Talents such as being able to drink a great deal, drink it straight, drink hard liquor, hold one's liquor, even some degree of boastfulness about how drunk one gets, carry with them a certain masculine pride.

In inverse proportion to the degree of individual maturity, these tendencies compete in the mental life against moral or medical insights. Smoking, a specifically sucking act, was until recently permitted only to the strong mature male. To 'inhale' was a matter of greater danger and greater manliness.¹⁶ Furthermore, for this obvious sucking-inhaling activity, we have had to adopt a partially evasive and certainly specific usage of the word 'smoke'. This also is true of 'puff'.¹⁷ That there is in drinking

¹⁶ On the other hand see 'fag', occasionally used in American slang for cigarette, the same word for a fellator.

¹⁷ Both are now established in the dictionary. See

'blow' in current American slang for 'to perform fellatio', the same word in English slang, varied uses, for 'smoke'. Partridge for the last.

an aggressive cannibalistic drive (91) more important than the simple unambivalent *passive* wish is less widely emphasized than understood. This may be connected with the aggressive pride in drinking, and with the fact that this indulgence is most frequent in, or at least most thoroughly permitted to, those who are most thoroughly weaned, and thus most understandably aggressive. This now includes increasing numbers of women.¹⁸

Overtones indicating the persistence of the original unconscious tendency appear in some of the phraseology of sexual relations. In the sexual act, certainly it is the male who is intro-missive, usually more active, and specifically emissive. Yet the woman 'gives herself to the man', or he 'takes her'. In vulgar language, the matter is often more narrow and more nearly explicit. The man may seek, find, or get a 'piece of tail' or a 'piece of arse'. 'Cherry' for virginity, 'taking her cherry' for defloration, are deeply rooted in American slang; the connection is apparently not explicit in English slang, although there is a connection with girl or woman (83). Certainly in the etymology of the word 'rape', the implication of plunder looms large. In especially ribald or rough moods, expressions such as 'tore off a piece' or 'ripped off a piece' have appeared in American slang. Note the currently popular 'wolf', which has classical connections for the psycho-analyst. In these the fantasy of (oral or prehensile) anatomic attack is strongly suggested. This may also have a part in 'jerk off' or 'pull off' for masturbation. Currently, and, I think, with some historical significance, one often hears a different trend, as when a man speaks of 'getting laid'. These verbal tendencies are felt to support—albeit indirectly—my further tentative conception that the words 'fuck' and 'suck' may be related dynamically in the English vocabulary, anterior to putatively accidental rhyme. Insofar as obvious aggression is implicit in the words, one thinks of the aggres-

sion of original oral deprivation.¹⁹ Melanie Klein's interpretation of the sensations originating in the development of teeth as connected with primordial phallic sexual attitudes would be relevant to this hypothesis, as it is to the well-known castration and masturbatory symbolism of teeth in dreams. The interference with sucking ascribed to eruption of teeth was mentioned early by Freud and Abraham. Ferenczi (32) stated strongly the conception of the tooth as 'Ur-penis'. Halverson (48) has observed that male infants in states of frustration and rage at the breast frequently develop erections. Thus in the deepest layers of experience there is a relationship between a *disturbance* of sucking and the physiological corollary of the impulse to 'fuck'.

In trying to evaluate his remarkable observation, Halverson—despite the citation of considerable collateral evidence for the importance of the rage itself—concludes that increased abdominal pressure is the most likely cause of the tumescence; on a purely physiological basis. I maintain a large reservation about this particular inference in this excellent contribution. See Freud's early remarks (36) regarding heterogeneous internal factors as stimulants of sexual feeling. Pain and rage were included.

Since erections are often associated with the urinary impulse, we may mention Abraham's observation regarding the substitution for sucking by oral 'giving' in certain oral characters, in the sense of interminable talking, with a related neurotic urinary urgency (2).

The myriad historical factors that were playing on the English language at the time our word appeared are certainly beyond the systematic scope of this paper and of its author's competence. However, two matters have struck me both with their contemporaneity and their possible dynamic relevance to the linguistic problem.

Smoking was brought to England from America in 1586 (26).²⁰ The special position

¹⁸ The destruction of numerous cigarettes, while less spectacular than the 'killing of a quart', can provide a similar satisfaction.

¹⁹ An interesting piece of indirect evidence in this connection lies in the curious implicit pairing of the words 'fuck' and 'suck' in a relationship as silent as their obvious rhyme. In slang, the derivatives of suck are largely pejorative, and they usually involve contempt—as for one who is easily exploited, or for one who has already been exploited ('sucker'). The element of reversal of direction is present even in this usage, for it is often applied to one who has given too much or who gets too little or both. What is more interesting is that 'fuck' is often used in the comple-

mentary sense. To 'get fucked' is to be made a 'sucker'. To 'fuck' (even secondarily, to 'screw') someone is to make him or her (more often used for the male) a 'sucker'. To be 'sucked in' tends to turn again in the original direction. Partridge's (British) collection (83) gives 'suck-and-swallow' for *pudendum muliebre* (19th and 20th centuries, but (questionably) obsolete). 'Suck' is an old word for strong drink. 'Fuck' is assigned an additional substantive meaning by Farmer and Henley (29) and Partridge, i.e. semen.

²⁰ It is interesting to note that tobacco on its earlier arrival in Spain (1558) was thought to have miraculous healing powers.

of the pipe in the American Indian rituals of war and peace is consistent with the fundamental position of orality in the problem of aggression. It is known that the addiction spread with amazing rapidity through all countries in the seventeenth century, against the violent resistance, threats, and severe sanctions of political and ecclesiastical authority (26). It is conceivable that the introduction of widespread adult sucking, with its constant threat to repressions, may have heightened acutely the conflict about the word whose resemblance (at least) to 'suck' was already unconsciously important. During the period of the rapid spread of smoking, the word 'fuck' disappeared from polite usage.

Another interesting fact is that rhyme, which had largely supplanted alliteration as the chief ornament of English verse for a few hundred years, was in this period subjected to major critical attack.²¹ Criticism had begun earlier in the same period (26). This may be purely coincidental, but it is a striking coincidence, which bears further scrutiny. The possible connection receives some support from the fact that the well-esteemed Scottish poets, in whose printed works the word appeared considerably before and much later than a corresponding appearance in English, did not labour under the same unconscious difficulty. The word for 'suck' was 'sowk'.²² Thus in an amorous poem by Dunbar, which curiously enough has in a small space several references to sucking and weaning, and in one place the word 'fukkit', there is no attempt to rhyme 'fuck' and 'sowk'.²³ It is conceivable that the greater freedom in the other Germanic languages (*ficken* and variants) includes a similar negative factor. Two other historical details may be added at this point. While the editor for the Scottish Text Society (25) definitely includes this erotic poem in Dunbar's work, differences of opinion are mentioned. In Farmer and Henley (29) the poem is attributed to Clerk,

²¹ See Campion, 1602 (20).

²² The word 'sowk' was probably not, it should be observed, pronounced as it might be in modern English. Scottish pronunciation is and was admittedly highly variable (57); spellings were very variable; dictionaries often do not indicate pronunciations of individual words. I have tried to ascertain probable pronunciations from good authorities—by specific or general statement, by comparison and inference, by rhymes (4, 22, 56, 77, 87, 106). The impression persists that 'owk' would not be a satisfactory, certainly not a compelling rhyme with 'uck' or 'uk'. The closest possible approximation which I can infer would be the long 'oo' sound as in 'boot' for 'owk', the short German 'u' sound or the French 'u' (as in *une*) for 'uck' or 'uk'. Probably the difference was greater. The tendency is towards separate systems of rhyme for the two systems of spelling.

²³ 'Fukkit' is rhymed with 'chukkit' (Chuckled, as a hen to her chickens). 'Sowk' is rhymed with 'bowk' (body) and 'owk' (week). One is tempted to

and dated much later. It is therefore worth mentioning that the word also appears in a compound, 'wan-fukkit' (impotent) in *The Flyting of Dunbar and Kennedie* (25), which is, beyond dispute, Dunbar's work. The use of 'fycket' in another poem will be mentioned later. In Sir David Lindsay (1490–1555) it is worth passing mention that, in one of the two instances where the word was directly observed (71), the modern spelling was used—i.e. 'fuck'. The power of prosody is also illustrated in that the still current 'swyfe' appears where assonance and alliteration favour it. ('Thay swyfe ladies, madinis, and uthir mens wylls'). The same is true of our word. ('Ay fukkand lyke ane furious Fornicatour'). Again a possible minor contribution to our hypothesis appears in *Ane Satyre of the Thrie Estaitis* of Lindsay where the enviable situation of bishops is mentioned. 'For they may fuck their fill and nocht be mareit'. (Could the figurative use of 'fill' be related to the unconscious association with 'suck'?)

We may now return to further details regarding the word itself. Is there a possibility that, if not in the demonstrable outer phenomenology of linguistic history, there is a latent psychological relation between the words 'fuck' and 'suck' deeply antecedent to the perfect rhyme between the words (in this case, the actual identity in all but one letter?) I feel that this may be true. In the history of English, an alternation between 'f' and the labio-dental 'th' has occurred even in the 'upper classes', and even in writing, for instance, 'erf' for 'earth' (108). This can of course be observed today in the distortions of childhood speech, also occasionally in the speech of the unlettered. In the lisp of later childhood, the substitution of the 'th' sound for 's' is an everyday observation. Earlier, 'f' may be substituted for 'th'. At times 'f' and 's' may be perversely substituted for one another.²⁴ The coincidence (?) that the experi-

reproduce this poem in its entirety because of the multiple oral references. Two striking lines are: 'My chype, my vnspaynt gyane (Big soft fello-w, unweaned giant). With moderis milk, zit in your mychane (machine, *membrum virile*).

²⁴ It is apparent even from my own limited and casual field of observation that various combinations may occur. Recently, in successive sentences a little girl was heard to say that she 'sought so' (thought so) and then to refer to 'frowing' (throwing) something away. Aside from certain organic linguistic considerations it is conceivable that important sound-affect associations are involved, in addition to the broader childhood resistances to the adoption of adult speech conventions. (Is the Cockney transposition of 'h' and 'non-h' sounds allied to this? Or the New York 'foist' for 'first', 'kern' for 'coin'?) For comparative linguistic data regarding infant speech and a detailed study of the systematic development of basic elements in language see Jakobson (55).

Whether or not the typographical resemblance be-

ential correlates of the English words 'suck', 'thumb', and 'finger' have profound dynamic connection in childhood may also play a part in the structure of our word, especially since the hand is already reflexly involved in nursing (36), and is the preponderant active organ in masturbation, at least in the male.²⁵ It is also a fact that 'f' can change to 's' in permanent usage in our language. In Anglo-Saxon (97) the word *fnæosan* means 'sneeze'. That this evolved into our word 'sneeze' can hardly be doubted. In the linguistic area of popular psychology and psychopathology, there is further evidence. Certainly 'baby-talk' is not infrequent in the intimacies of adult lovers, although the details may vary. I think it may also be mentioned that children rarely use the word 'suck', and usually without affect except in deriding other children. This is surprising, considering the recent and sometimes current powerful importance of the phenomenon in their lives. This may be contrasted with the pleasure and (often guilty) excitement with which they shout the word 'fuck' for its own sake, sometimes *before* its meaning is known. Here it may be objected that the unconscious association with sexual intercourse is already present, in addition to the specific taboo on the word itself. This is certainly true in most instances. However, as in the general hypothesis under consideration, it is suggested that the tremendous and complicated affect associated with the

tween the *f* and *s* in German is related to this phenomenon is a question about which at this moment I have no data. In earlier English printing, for instance in Florio's dictionary, this resemblance is striking. See also Bailey (5, 6) and Skinner (94). That the leap from 's' to 'f' can occur in auditory errors with normal hearing is evidenced in a letter observed by me, between two intelligent adults, in which the recipient is reproved for having heard 'Cossingham' for 'Coffingham'. That the recipient is a person who occasionally and amusingly says 'stove' instead of 'icebox' or vice versa, adds, within the limits of persuasiveness of an isolated instance, to the conception that certain tendencies to variation of sounds and meanings respectively are liable to be importantly connected.

In noting the continuous and alternative relation of 's', 'f', and 'th' in English, we may think of 'th' as interpolated—psychologically—between the other two sounds. From the point of view of chronology, it should be noted that 'th' is acquired later than either 's' or 'f' in children, and in aphasia tends to disappear in favour of 's'.²⁶ Also note the 'th' delay in (child) K in Lewis's material (69). Actually, both published observations and my own casual experience support the fact that none of these three sounds appears very early in childhood efforts to talk. 'F' seems to have a somewhat firmer place in general in English-speaking children, yet I know a child who—although he can utter the 'f' sound—consistently and invariably replaces it with 's'. The

meaning of the word 'suck', whether by word-to-word displacement or by the role of the older word in the genesis of the new word, or both, has a considerable part in the excitement. And it is, in any case, certain that the woman associated unconsciously in childhood with the word 'fuck' is the mother who was once sucked.

I cannot say statistically how often frankly effeminate male homosexuals lisp or tend towards a lisp. It does occur at times. However, what is even more important in the study of a general linguistic phenomenon is the fact that persons whose conscious orientation is heterosexual include the 'th' for 's' very frequently in their mocking imitations of the homosexual. One more critical step, and the conventional imitator, like some children, would say: 'You must come up and fee me some time.' But then he would place in hazard his self-satisfaction with his own sexual performance. I feel it conservative to say that the mocking attitude, which is a variant from the manifestly violent attitude towards the homosexual, is heightened in the individual when the passive homosexual components in the personality press especially strongly for recognition. It is a special form of defence, with broad cultural support in certain quarters. I believe that at such times the free use of the aggressive word 'fuck' plays an equivalent role. Note its exaggerated use in the armed forces, and in other male communities.

Since the etymology of our word is by no special early problem with (*purposive*) 'th' cannot be doubted, yet note the later lisp mentioned elsewhere. The word 'suck', despite the profound importance of the act to which it refers, is to be regarded as essentially an 'adult' word, primarily symbolic and referential, objectively communicative in character. Where linguists connect early word-formation with sucking—especially the hunger cry (discomfort)—it is the 'front' consonants, nasal and oral, which are involved. The wish to suck, expressive and evocative, is thus (from this point of view) included in the almost universal nursery word 'mama'. (See Lewis (69). This book in general provides a broad psychological context for language phenomena.) It is only a rare child for whom the word 'suck' carries a strong conscious affect. Conceivably some of the primitive language function may reappear with this word in certain adult bucco-genital situations. It may have an aura resembling that of 'fuck' to certain homosexuals. See 'suck' in Partridge (83) as 'the homosexual v. (i. and t.) and occ.n.' etc. The tremendous evocativeness and expressiveness of 'fuck' have already been discussed. Possibly the hunger affect is latently associated with the largely referential word 'suck' (in repression), and reappears with the linguistic transmutation into the obscene word 'fuck'. It should be mentioned that not all linguists accept the importance of sucking movements in front consonants (55).²⁷ Also, see Hoffer (51) on the hand as an early 'competitor' with the breast or bottle.

means an established fact, it is reasonable to evaluate certain immediate elements in prevalent assumptions, before turning to a deeper consideration of the presumptive words of origin or cognates. If the word came into English from another Germanic tongue in, or shortly before, the sixteenth century, it presumably came from *ficken* or a close variant. The general trends of intrinsic vowel change in English (78, 109) do not account for the evolution from *ficken* to 'fuck'. Lacking incontrovertible proof of the exclusive *ficken* origin, it is not obligatory to exclude entirely the word *foutre* from a position at least of influence in the formation of our word. Aside from the obvious massive impact of the Norman invasion on English culture and on the formation of Middle English, the French influence in its broadest sense was powerful in England to a remarkable degree over several centuries. It is noteworthy that the use of English (instead of French) in courts was eventually a matter of official decree (78). With regard to *foutre*, which may have participated with *ficken* (or a variant) in the formation of 'fuck' ²⁶ the same doubt about spontaneous vowel change exists. ²⁷ As to whether or not some obscure primitive quality (i.e., onomatopoeic) of the short 'u' sound is involved, we cannot be certain. It is noteworthy that the word 'cunt', which (allowing for varia-

tion in spelling) has a longer printed history in English than our word (see Chaucer) and certainly rivals or exceeds it in low repute, contains the same sound. ²⁸ Again, I would suggest that the word 'suck' played a part in the evolution of our word from either of its putative predecessors or their effective resultant by fusion, outweighing the spontaneous intrinsic vowel tendencies.

It is, of course, possible that the word or its *Anlage* existed in the period of Middle English, without printed record, or even in the Anglo-Saxon period, under the same conditions. Such putative word ancestor may have had a vowel sound identical with, or genetically better related to, that in our word than either *foutre* or *ficken*. The assumption is widespread among people of education that 'fuck' is an Anglo-Saxon word, a matter about which one can only say that there is no evidence whatsoever. There are, of course, numerous Germanic words whose relationship to our word seems superficially likely (see Grimm, 42); even the very word (in spelling) (with divers meanings) exists in German. *Fuchsen* has an explicitly obscene coital meaning. Grimm, however, directs the reader's attention definitely to *ficken*, specifically away from *fuchsen* which is sometimes given in older English dictionaries, with Flemish *fuycke* (5, 6, 94). Another possibility suggested by the grossly known facts is that the word which first appears in print in Scottish poetry came into English from Denmark ²⁹ through Scotland and was transformed there. See the essay on the inti-

²⁶ See Grose-Partridge, (44).

²⁷ The preponderant tendency of the French 'ou' sound in English was to become diphthongized into our present 'ow' sound. However, insofar as the word followed another trend, common in native words of similar sound (109), it might tend towards shortening and 'unrounding', i.e. towards our present short 'u' sound. 'K' and 't' sounds are sometimes interchangeable in childhood speech (55, 69).

²⁸ Note the phrase 'to come' for 'to experience orgasm' (paradoxically also to 'go off', the latter meaning also 'to die'—Partridge), also 'come' as a noun for semen. (Also 'scum' for semen, also 'spunk'.) The word 'buss' for kiss is very likely related to the explicitly oral *baiser*, now a French obscene verb for sexual intercourse. See the juxtaposition of 'fuck-beggar' and 'buss-beggar' by Captain Grose (43). The word 'hump' for intercourse was once very popular. The stereotyped grunt sound is 'ugh! While this sound has sexual (genital) as well as anal implications, it is conventionally associated with disgust, even horror. Curiously enough the patient who stimulated this study described her remembered early attitude towards sex as expressed by this word (in the sense of disgust).

²⁹ In *The Dance of the Sevin Deidly Synnes*, of Dunbar (25) a possible transitional word appears in the lines: 'All led thay vthir by the tersis (Penis)', 'Suppoiss thay fycket with their ersis (Fundaments)'. The glossary gives the meaning of 'fycket' as 'v.pt.t., moved from side to side or backwards and forwards'. This is close to one of the primary meanings given for *ficken* (allied to English 'fidget') (42). Furthermore, a close scrutiny of the lines leaves us with the

strong impression that the author may possibly have intended the same meaning as 'fukkit' (fucked). Apparently no similar transitional word has been observed, or at least mentioned, in English. Judging by spelling and occasional rhymes there is apparently some alternative relation between at least the letters 'u' and 'i' in Scottish. (See 'sucker' rhymed with 'bicker' in Burns.) Curiously enough the word 'fuck' (not fuk-) also appears in Dunbar in a non-obscene sense: 'And sic fowill tailis (dirty dress trains), to sweep the calsay (causeway) clene // The dust vpskaillis (is thrown up); so many fillok (giddy young women) with fuc' sailis // Within this land was nevir hard nor sene.' ('Devorit with Dreime, Devysing in my Slummer.') (25). 'Fuck sailis' means 'with ample-skirted dresses, like sails, hanging in folds.' 'Fuck' means 'fold', 'plait', also 'in the shape of a plaid'. Two things must be noted, first the probable connection with the word 'faik' (plaid) (56) (Sw. *veck*) and the striking resemblance of the compound to the North German *Fock-Segel*. The latter is one of the several Germanic words of the wind and sea, which might conceivably have sexual linguistic connections. In 'faik', there is a connecting link with the protean German *Fach* (Grimm), which may be connected (53) with *Ficke*, a word probably of separate origin from *ficken*, but, possibly influenced by it in its later development. ('Das Wort klingt uns heute gemein und kann nur in nachlässigem komischen stil gelten') (42). *Fach* and *fegen* (connected with *ficken*), may be striking examples of the descent of versatile and respectable words, with the popular sexual words, from common ancestors.

mate relations between Denmark and Scotland in Dunbar's time in the Scottish Text Society's edition (25). See Danish *fik, fikke, fu, fok, fokke, fyk, fyke* (18). In this period, shortly before Scotland ceased to be a separate kingdom, she was in odds with England and very intimate with both Denmark and France, the latter also in a strained relationship with England. In this case, since we have seen that 'sowk' is the word which appears in Dunbar's poetry, we could not regard it as influencing the formation of our word, except in the negative sense previously mentioned. However, we may take into account the linguistic pressure and attraction from the expanding English power below the border, remembering in relation to 'suck' what Ferenczi pointed out about the uniquely obscene power of native words (31), and at least consider the possibility that a northern Teutonic root, with the French *fouire*, with the peripheral English 'suck', entered into the formation of our word, leaving the Scots somewhat less disturbed by the word because of the relative foreignness of the none the less influential English rhyme-word 'suck', in relation to their own word 'sowk'.

At this point, two isolated special observations from earlier English usage may be mentioned. In Grose's dictionary (43) we find the expression 'sucking the monkey' (now obsolete) for the stealthy tapping of a barrel of wine. This involved a straw or similar implement, and is thus conceptually related to the idea of the phallic vehicle for unresolved oral receptive wishes. In other dictionaries, we find the word 'suck' for plough-share (67, 80). This word apparently has a different etymology from the common basic word: (*Soccus Gallicus* vs. *Sūcan, sūgan*, A.S.), yet it is probable that something more than linguistic accident reduced the words to the same spelling and pronunciation. This is mentioned, because of the fundamental position which the plough holds in phallic symbolism (Sperber).³⁰ Another fact which should be noted here is the state of English in the period preceding the recorded appearance of the word 'fuck'. This was a period of extreme *laissez-faire*, when the decay of flexions was practically

complete and Modern English was in process of being born (78). Great liberty was exercised in using passive verbs actively and in even more remote adaptations. ('To happy one's friend', for instance). In this state of linguistic flux, the potentiality of the verb 'to suck' being used in a reverse sense (to give suck, to suckle),³¹ if not actively and directly exploited, may be assumed to have existed latently as part of the general linguistic tendency, and thus as one of many forces in linguistic change.

Inquiry into the remote origins of our word's putative ancestors was motivated by the feeling that such ancestry might in itself be illuminating. Needless to say, what is here offered is taken from conventional authoritative sources. Interpretations are, of course, my own.

With Italian *fottere* and other Romance language equivalents, the derivation of *foutre* is usually assigned to the Latin *futuo*. There is discussion about the etymology of *futuo*, and some authorities favour the relation of the word to *fui*, and thus to the Indo-Germanic root *bheu* (to grow, to be, to become, to arise from). However, stronger opinions place it with *bhaut-? bhāt-? bhāt*—to hit, push (adjacent to *bhāt-? bhāt*) (28, 102, 103) and thus in relation with Latin *battuo*. In this sense, the importance of 'hit, knock, strike' in our word, as suggested by Read, would be paradoxically supported. (*Foutre* itself includes such meanings as 'thrust' and 'stick') (84). Aside from the occasional sexual slang expression 'to bang' and the much more widely used 'knock up' and 'knocked up' (to make pregnant, to be pregnant), also 'knockers' (testicles), this connection has apparently long been felt in our language (see Read's reference to Keats' letter, 86, 59). In Florio's dictionary (34), the word *cunno* is defined as a 'woman's nocke or privy parts', *cunnuta* as a 'woman well nocked'. The past participle is somewhat ambiguous to the latter-day reader (parallels 'well hung' for the male?) 'Nocke' is mentioned because both the use of 'knock' or 'strike' for sexual intercourse and the possible relation of the substantive for vulva to the active verb may have special theoretical importance.³²

greater immediate psychological relevance, that the word possibly includes in its structure the correlates of residues of profound emotional experience attendant on the frustration of the sucking impulse, and the ultimate forced renunciation of the practice.

³² This despite the fact that the origin of the word *nocke* (for vulva) is obscure, not necessarily the same as 'knock' (M. E. *knocken*, A. S. *cnucian*). In fact, it may find origin as a cognate of 'notch' (*Nock*, from O. D. *Nocke*). In that case the relation to the word 'knock up' as an active development from a receptive (in a sense) passive concept would be even more striking. It is not likely, in my view, that the approximation of the two words 'knock' and 'nocke', even if of different etymology, is based purely on sound confusion. See 'suck' (in the ordinary sense) and 'suck' (plough-share). 'Nock', which can also

³⁰ Also see Walde-Pokorny for the common root origins for plough-share and pig-snout (101).

³¹ 'To suckle' would, of course, represent the direct antithesis of 'to suck', thus accurately representing the infantile identification with the 'active' mother. Incidentally, so strong is the latent impulse to confuse the 'direction' of these words, that we may, without difficulty, find examples of 'suck' implications in the use of 'suckle' by cultivated people. It is not surprising that the verb 'to suckle' is regarded as a possible back-formation from the substantive 'suckling', and that the little-used substantive 'suckler' is used both for the one who gives suck and for the one who sucks (80). It is important to point out that 'fuck' is not in the line of simple antithesis, in the sense that the actual relation (apart from unconscious psychological factors) is in a different sphere; also, of

Sperber stresses the fact that the root words for vulva are often related to words for coitus, and like the verbs, undergo remote and varied elaboration into other meanings, whereas this is definitely less true of words for penis. Occasionally words for penis are derived from those for vulva. See *fydill* and *vudeslecke* from *Fud* (*Fut*), which also means *Podex* (42).

In this connection should be mentioned the frequency in Germanic dialects of the use of vulva terms in contemptuous or hostile references to the mouth (Sperber, 95). This usage is remote from but obviously of the same origin as the scientific terms *labia majora* and *minora*. In the borderland of speech and interpersonal relations, it should be noted that while the maternal breast dominates the infantile oral situation, the process of sucking is active (although receptive) in its own right, the rhythmic effort corresponding more to coital activity than the role of the breast. It may be for this reason that oral male homosexuals sometimes refer to the role of fellator as the 'active' role. This may be an additional factor in the shift of the active verb form from the receptive organ (suck) to the emissive organ (fuck). *Ficken*, the word with which the Grimms (and more recently, Read) associate our word, is also of obscure origin. The Grimms feel that the word has probably a longer history than its printed record, because of its great importance in popular speech for a few centuries. (There are no unquestionable printed examples before New High German). The chief meaning given is that of rubbing (*fricare*), scratching, sliding, and several variants in terms of repetitive small movements. A blow, as with a whip, is mentioned as a secondary meaning. A Latin derivation is rejected. A relation to *fegen* (*schön reiben*) (currently sweep or cleanse) is suggested, thus to *fügen* (see Kluge, 62, 63). The alliterative *Fickfack*³³ (blow with a switch or rod) is mentioned in this connection, also *Ficke* (pocket, small sack, or purse). The derivation of *Ficke* from *ficken* is rejected by Grimm. Grimm and Kluge suggest the relation of *ficken* to *Fach* a remarkable German word of multiple interesting meanings, especially in the older language, but with a basic original meaning of snare, related to *fangen*, to seize probably from the Gothic *fahan* (suggesting again the primary role of the receptive function). See English 'fang' (80). Actually *Fach*, *fügen*, and *fegen* may all be traced back to the Indo-Germanic *pāk* and *pāg* ('to make fast by ramming or joining together' and related concepts).

Kluge (62) under *Ficke* mentions as 'unclear'

mean buttocks, was, in the past, a transitive masculine coital verb (83). In a word such as 'lick', including current colloquial usage, we see the range from the oral infantile ('passive') attitude to aggression and conquest, the latter usages decidedly secondary. In a more remote sense, in English dialect, see 'Fud' as

the adjacent forms *juck*, *jocke*, *fuppe*. Sperber (95) derives *Ficke* (= *Tasche* = vulva) from the general Germanic root *Fud* (Vulva or Podex) through the Low German *Fuddik*. (See *Fud* in English and Scottish dialects 27, 47, 56). (Relation to 'a piece or tail'?) Sperber regards *Fud* and *Fub* as variants of the same root, and close to the Germanic root *Fug* or *Fuk*, with the central meaning 'vulva'. The related words for sexual intercourse he finds distributed through the whole Germanic language province. Among these, he includes the English word 'fuck', referring to Grimm in relation to *ficken*. Meanings such as 'to beat' or 'to move to and fro', in accordance with his theory, are regarded as derivatives. Kluge (62, 63), defining *ficken* under *Fickmühle* mentions *reiben*, *jucken*, M.H.G. *vicken*, *reiben*, but mentions the meaning *schlagen* for *ficken* in Old Dutch ('älter nld.'). Grimm mentions a relation to English 'fidget' (similar to Scottish 'fike', 'fyke', 'feik'?) (56). (See 'fycket' above). The relation between the 'small movement' theme and the 'beating' theme has considerable importance, since both seem implicit in our word. (Note German *streichen*, English 'stroke' and 'strike' in this connection.) We have already seen that more than one authoritative source assigns *futuo* to a line of derivation involving the concept of attack. In discussing the derivation of *ficken*, Grimm mentions that *fechten* (AS. *fehthan*, Eng. fight) seems to 'touch on it'. The origin of *fechten* is found in the Indo-Germanic root (101) *pēk-* ('to pluck or fleece, or pull about, wool or hair; wool animal, sheep; small cattle, first particular, then in general; wool (*Fließ*) also hair') Derivatives include words for cattle, money (*pecunia*), and allied concepts. However, we are struck by the mention of the other words which may belong to this group, OHG. *fehōn* (*verzehren*, *essen*), and Lat. *pectus*, *pectoris* (breast or chest). That this juxtaposition may be dynamically meaningful gains some support in the root origin of the Germanic words for breast. This is found under *bhreus* (1) 'to swell, or to sprout' (as for the shorter 'breu'). For *bhreus*, (2) the definition is *zerbrechen*, *zerschlagen*, *zerkrümeln* u. dgl. (Regarded as an extension from *bhreus* (*bher-*) 'mit scharfem Werkzeug schneiden, hauen u. dgl.')

Here it is difficult to avoid the impression of linguistic connection which parallels the psychological connection between the origins of certain components of destructive aggression and the original relation to the breast. It should be further observed that the emphasis on 'hauen' and 'mit

(1) tail of a hare, (2) to kick with the feet (47). Also, 'tuck' equals 'a kind of sword; a net' (104).
³³ Scottish 'ficks-facks' (22, 56), 'trifling and troublesome affairs' suggests the meaning given for 'fouting' (in English) (29) and now frequently associated with 'fuck', as in 'fucking around'.

scharfem Werkzeug scheiden' would seem to bear some relation to the frequency of coitus-related words for 'stumpf schneiden' (95). (Grimm, under *fickeln*). One may note in passing the secondary slang meaning for 'toothache'—that of a loose blade in a knife (83). See Hoffer (51) regarding the rarity of infants' biting their own hands. Under *bhreus* (2) among other words germane to the root concept, should be noted (AS.) *briesan*, and its mild English derivative 'bruise'. Under *bhreus*, *bhrūs* (3), the defining words are more complex and numerous, with the words so used still suggesting certain relevant transitional concepts, in my opinion.³⁴ The next root given is *bhreg* (= brechen.)

If we investigate the roots immediately anterior to *bhreus*, we find: 1. *Bhreus* (*sprissen*, *schwellen*) 2. *Bhreus* (extension of *bher*—cut with a sharp tool, etc., especially *zerschlagen*, *brechen*). These are discussed, with possible antecedent longer and shorter root forms, and their derivatives. It is noteworthy that the rhyme between the two Old Indic words, *cārvati* and *bharvati*, is accorded special significance in the discussion (101). *Cārvati* means 'zerkaut, zermalmt', *bharvati*, kaut, verzehrt'. The influence of the rhyme is felt to be of such possible power as to introduce a question regarding the exact derivation of *bharvati*.³⁵ Next is *bhreus* *bhrū* (Kante, scharfer Rand), then *bhreus* *q*-, *-k*-. The latter immediately precedes our *bhreus* and is defined as 'schabend über etwas drüber streichen', 'über etwas hinfahren u. dgl.', apparently related to *bhreus* *bher* ('mit einem spitzen Werkzeug (z.B. Schaber) schneiden oder kratzen u. dgl.'). Here the semantic relation to the older German meanings of *ficken* is striking.

Much further back in the series of roots beginning with 'b' sounds is *bu* ('Schallnachahmend für dumpfe Schalleindrücke, z. B. Uhuruf, dumpfer

Schlag u. a.'). 2. *Bu* ('Lippe, Kuss') Onomatopoeic, lips inward. 3. *Bu*, *bhu* ('aufblasen') Expulsive sound of the inflated cheeks, like *pu*, *phu*. From this latter conception are derived more complex and varied meanings ('aufschwellen, rundlich aufgetriebenes (dann auch eingewölbtes) verschiedenster Art, auch durch Einfüllen von Heu u. dgl. anschwellen machen, stopfen' und 'blasen, husten u. dgl.')

It is also mentioned that the root *bheu* ('werden, entstehen') may well have been involved through connections with the conception 'schwellen'. See Read's *fui* in relation to the rejected *futuo*. Among the extensions of this root are the Latin *bucca*, and the (NHG) (*p*)*fauchen*. The latter, Grimm brings into relation with *Focke* (foresail), one of the several German words whose obvious sound relationship (aside from symbolism) makes it difficult to exclude them altogether from at least some direct or indirect influence in our word's genesis or persistence (also see Sperber). In the derivatives of extensions from these onomatopoeic roots are also the series of words meaning sack, pouch, purse, including (AS) *pohha*, *pocca* and (Engl.) *poke*. These words are mentioned by Grimm in relation to *Ficke*. Noteworthy in relation to our main theme is the current and increasing vernacular preponderance of the 'thrust' significance of the word 'poke' over its pouch meaning. (The two words are of separate derivation.) Under this same root comes the English word for a sprite, 'Puck'. A linguistic-historical curiosity is the relation of 'poke' and 'puck' (evidently from an American-Indian word or words) to tobacco-smoking in early American Colonial speech. (See *Oxford English Dictionary* under 'Poke'). Under another extension of the same root the possible relation of (Old Irish) *bot* (Middle Irish) *bod*, 'penis', is mentioned (see

³⁴ It is well to state my awareness that, while the facts reproduced are accurate, and my conviction about their interpretation strong, others investigating the same text without my hypothesis might conceivably find support for another trend of thought. The roots studied are, of course, those which I found in a relation to the words whose origins I sought. The huge accumulation and maze of interrelated meanings in a collection such as *Walde-Pokorny* (101) would merit exhaustive and separate study in itself, from a psycho-analytic point of view. My impression, from incidental wide perusal, is that this would be a most productive undertaking.

³⁵ That rhyme is a profound influence in language development and change cannot be doubted (95, 101, 107). Secondary series of derivatives from words engendered by rhyme or assonance may occur as though a non-existent common root had existed. (See F. A. Wood, 107). That the question of a special tendency to loss or addition of the initial 's' sound has been a matter of discussion and investigation, even though viewed with conservative reservations in the paper consulted (107), is of special interest in relation to the word 'suck'. Conceivably, an allied (unconscious) process might have some relation to the intermediate position of the English dialect word 'yuke' (itch).

(In an old rhyming dictionary spelled 'yuck') (104.) Note how often young children use the verb 'itch' for 'scratch', even when assigned to another person: 'Itch my back, mummy!' The potentiality for rhyme, of course, exists in the putative antithetical primal words, still more in the primordial cries of early infancy from which *Anlage* all later language develops. The profound drive to reconcile contradictions, to restore the unity of sound and meaning, while still preserving the differentiation so necessary to aspiring life, may be important in poetry. In a brief paper, Sapir (89) notes how—in the fortunate poetic line—the effort to establish a rhyme seems to have contributed to the accuracy of expression. Clinically, the regressive variant of the same process may be seen in the occasional 'clang' associations of the manic. These may be regarded as sustaining my hypothesis, in the light of Lewin's work on the intimate relationship between elation and the complex of oral gratification and sleep (68). In more immediate relation, see 'Buck' = 'to wash clothes'; to copulate as bucks' (104). Also see (Scottish) 'Blind Buk' = Cupid (22), (Buk = male deer or he-goat); also Bailey's obscure reference to a 'term used of a goat' in relation to 'fuck' (6).

Bunker, 9). Under extensions of the same root are several words meaning vulva and sack or pouch. The essential summary impression from these deeper linguistic data is: (1) the preponderant or primary character of the receptive organ (mouth, then vulva) in formation of sexual words, (2) the latter's capacity to become or to be conceived of as expulsive, and (3) the evident language potentiality to evolve active or extrusive words paralleling the development in concepts of mouth utilization. This primordial tendency may be reflected in the later relation of the words 'suck' and 'fuck'. From the point of view of libido theory, the question of the role of anal impulses in an oral (specifically speech) phenomenon may be mentioned.

Read, in rejecting what he regards as the mistaken French-Latin-Greek derivation of 'fuck', mentions Skinner's *Etymologicon Linguae Anglicanae* (94) in which, it is said, much is taken from Junius about the 'unrelated' Gothic word *fodr* (*Foder*, in tracing *fuchsen*). The *Etymologicon*, while it mentions *fuycken* or *focken* and *fuchsen*, lists *foutre* first.

It is worthwhile to examine the word family of which *fodr* is a member. This brings us to a consideration of the German word *Futter* (Germanic *fodr*, *fōthr*) which for a long time has had two distinct series of meanings: (1) Something that nourishes; (2) Lining of clothes. (See Grimm for variations and details.) Sperber discusses the latter meaning as the older, recognizable in the Gothic *fodr*, 'sword sheath, related to French *fourreau*, and preceded by the earlier general Germanic meaning of 'inner or outer covering of an object'. The two meanings (following Falk and Torp) are thought to be only remotely related, originating in the Indo-Germanic root *pa* meaning (1) to graze, tend, feed, (2) to feed, (3) to protect, shelter. The related Nordic *fōda* (*fōdjan*) has the dual meaning of 'nourish' (*ernähren*) and 'to give birth to' (*gebären*) (see Grimm regarding *fūden* Old Norse *foeda*, 'to beget, give birth to, nourish'). Sperber feels that an original *fōdr* was related to the second meaning of *fōda* (*fōdjan*) (i.e. meaning 'vulva'), and supports this by mentioning the Swedish dialect term *fōdsla* (vulva). A similar double (antithetical?) meaning is illustrated by *Fuder* (waggonload), whose basic meaning is given by Falk and Torp as 'Korb' (basket). That such root-like primitive inclusiveness, derived from the same source, appeared in English is illustrated by the Middle English *fōder* (the precursor of modern 'fodder') (see Stratmann, 97), which meant 'food, fodder; child, offspring.' Note (older) Scottish *Fude*, *Fuid* = (third meaning) 'A child, a person, or man'—only in alliteration with 'frely.' Also see Lewin's case, pp. 114-115 (68).

In Grimm's extensive discussion of *futter*, he

mentions also a presumed Gothic *fōdr* (related to *fōdem*—food) in the 'food' line of descent, and a known Gothic *fōdr* (sword-sheath, vagina) for the 'sheath' line. He mentions the borrowing by Middle Latin of German words to form *fortum* (case) and the return to German in the word *Futtermal* (from Middle Latin *fortale*). We may at least raise the question, pending further investigation, whether this journeying of the *fōdr* series between the Germanic and Romance languages might not have played some part in the intermediate development of *foutre* and *fottere*. A more explicitly relevant feature of the Grimm discussion is the fact that one meaning of *Futter* (in the 'food' series) is 'fleischliche vermischung, coitus.' The use of *Esel* for penis with corresponding terms for the female genital (*futterborn*, *futterwanne*), in its assignment of the eating impulse to the penis symbol, is connected with our central hypothesis.

While other sources, for instance Kluge (63) S. Feist (39), and Walde-Pokorny (101) are not as explicit as Sperber in stating the originally common origin of the two words *Futter*, the inference of at least intimate primordial relationship may be drawn from the discussion. In Walde-Pokorny, the adjacent roots *pōi*: (*pai*? :) *pi* and *pā* are given; The first is defined as: 'Vieh weiden, hüten; daraus allgemeineres schützen, auch durch Bedecken,' the second as 'Vieh weiden, hüten, woraus füttern, nähren,' with relevant cross-references, and discussion. 'If only because of identity of spelling, we are led to inquire whether the 'Gallic twist' (*futter*) of the word 'fuck' ascribed to Sir Richard Burton by Partridge (44) (edition of Grose) may not be over-determined by this important German word. Again, to summarize briefly, the outstanding implications of this word would be: (1) the intimate early linguistic relationship, perhaps common origin, of now identical words meaning respectively that which receives and covers, and that which is given internally, i.e. food, and (2) its clear-cut place in German sexual vocabulary.

If we now seek the remote root of the word 'to suck', whose immediate etymology presents no problem, it is found with intermediate and related words under *seuq*, *sūq*, and *seuq*, *sūg*, guttural extensions of (1) *seu-* (which covers a broad field originating in juice, sipping, sucking, wine-pressing and obviously related concepts, and extending into more remote areas, such as dung and mud). *Seu-*, *sū* (II) means to 'give birth to' (*gebären*); derivatives include closely related concepts, such as beget, pregnancy, son, etc. For *seu* (1) the definition is 'liegen, drehen, schwingen, in lebhafter Bewegung versetzen'. *Seu* (2) has the basic meaning 'in Bewegung setzen', 'antreiben'. With *seu* (3) the semantic change is more conspicuous: 'sieden, heftig bewegt sein', with many derivatives related to the meaning of 'sieden'. The meaning

of the root *suei* is 'biegen, drehen, schwingen, lebhaft bewegen.' This is followed by *sueik-* and *sueig* ('nachgeben, nachlassen' and other meanings.) The next root is *sueip*, which holds special interest for us. Among its derivatives is (A.S.) *swifan*, whose meaning is given as 'bewegen, fegen, umherschweifen' and related to the English 'swift'. For some reason, the clear and unequivocal relation to the principal Middle English verb (with derivative persistence in Modern English) for sexual intercourse is not mentioned. (Also see Scottish) (71). The important issue from these considerations is the apparent tendency to a parallelism between the continuity of phonological modification in a root and a corresponding semantic change which in itself suggests at least a relation to the evolution of infantile impulses. Furthermore, in this instance, the direction of change is from the root for 'suck' to the root for 'swifan', the principal English coital term for many centuries.

Before passing on to some additional briefly stated clinical observations which are thought to sustain the hypothesis of the unconscious relationship between the linguistic symbols 'fuck' and 'suck', it is worthwhile to test the hypothesis in its applicability to a sphere of symbolism which is widely understood and accepted, not only in the special technique of psychoanalysis, but in general folk-lore. The snake is an ancient and generally employed phallic symbol. It seems that the general configuration of the snake is connected with this. However the chief functional significance of the snake in human mental life (dwarfing by far the benign role of certain species) is that of danger and implacable mutual hostility, principally expressed in its venomous potentially lethal bite. In its primordial relation to man, its cannibalism in total bulk was undoubtedly also observed.³⁶ The injection of venom may be interpreted genitally, yet retains its strong connection with the symbolism of the breast (in terms of projected hostility). Needless to say, the serpent as a benign symbol of fertility is directly related to the penis and semen; but the relation of the serpent-phallus to Medicine would seem to be a residual of the positive relation to the all-healing breast. In the alcoholic, where serpent symbolism plays such a large part both in folk-lore

and clinical fact, it seems appropriate to recall that severe problems of oral ambivalence underlie the homosexuality to which such phenomena are usually directly attributed.

In relation to the general hypothesis under discussion, the serpent as a phallic symbol gains its importance (like the word 'fuck') from the ambivalent aggression engendered by separation from the mother, principally at an oral level. The serpent himself, paradoxically, is always close to the symbolic mother, Earth, a fact which is subject to multiple construction. We must mention in passing other pregenital or non-genital potentialities of this extremely important and pervasive symbol, for example, anal implications of dirt, holes in the ground, or the traditional hiss, or the symbol of projected hatred for a crawling sibling rival. In the story of Antony and Cleopatra, whose fascination for mankind persists through the centuries, the mode of Cleopatra's suicide holds a climactic place. It is my opinion that the application of the snake to the breast finds its vivid meaning in its expression of original oral hostility to the breast, possibly also the picture of an infant rival at the breast, anterior to the manifest tragedy of adult sexual love, and its oedipal prototype.

In the powerful and enduring narrative of mankind's fall in Genesis, we may also test some of the implications of our hypothesis. The concept that God made Eve from a rib taken from Adam's side may be seen as a summation of the separation experiences from the mother (beginning with birth), and the crystallization of the mother as a separate object. The reversal of the birth fantasy is only an apparent paradox, since the phenomenon is described in terms of the subjective infantile experience, i.e., that a part of self (the mother) becomes a separate object. (See Nunberg's different interpretation, 79). In this connection, the original Adam can also represent the female infant in primordial relation to her mother. In the seduction of Eve by the serpent, then of Adam by Eve, certainly the incest fantasy is represented. However the explicitly oral character of the symbolism³⁷ and the nature of Adam's punishment (which in-

³⁶ In one of my male patients, a snake in a dream was associated with his wife, and then spontaneously with a childhood fascination in watching snakes swallow small frogs whole.

³⁷ In Róheim's interesting comparative study, 'The Garden of Eden' (88), the oral (nipple) symbolism of the apple and the variant female symbolism of the snake are mentioned. References are made to

female snake goddesses. While Róheim devotes most of his paper to the oedipal content of the narrative of the fall, he points out towards the end the importance of the separation trauma and oral aggression. He does not however stress the hostile oral symbolism of the serpent as such. The plucking of the apple is also mentioned in relation to the trauma of birth (Rank). (See 'fruit of the womb,' the relevant old words pre-

cluded the tilling of the soil) suggest strongly that it is the biologically predestined displacement of unambivalent sucking at the breast (or the postulated still earlier bliss of intrauterine life) by chewing, relative separation, and the mobilization of latent hostility, which is deeper than the genital implications. The tilling of the soil for food is, of course, continuous with ploughing and sowing as coital symbols. (Is the 'punishment' the *child* instead of the food from mother?) In the Oedipus layer of this fantasy, the threatening and punishing God represents the father; in the deeper fantasy, he is the depriving mother herself. In this connection, one may recall and think on the fact that in naming the great incestuous complex of childhood, Freud chose the name of the hero who returned to parricide and incest with his mother, *after having been separated from his mother since early infancy* (whose father, incidentally, struck at him with a *toothed stick*.) This raises the question of whether there is not *always* a latent prehistoric 'transference' relation to the father which gives him a (hostile) role in resolving ambivalence towards the mother, before his actual relation to the child is strongly felt as such. In her regression from female genitality, the patient originally mentioned reactivated this early complex, at a phallic level.

At this point, we may return to clinical material which became an object of special attention after the linguistic problem was posed by the patient originally described. The importance of the direct psychodynamic relation between unconscious oral impulses and genital impulses may be dealt with very briefly, since such data are not infrequent in general clinical experience.³⁸ Two experiences may be mentioned, because of their striking clarity and explicitness. A man while giving his infant daughter her bottle (while his wife rested), suddenly ejaculated in his trousers. The patient, a restaurateur, had a long history of emotional privation, experienced and represented unconsciously largely at an oral level; and there was considerable evidence that his children, towards whom he was in fact a very good father, had the unconscious meaning of sibling rivals. In this man, orality and unconscious feminine identification were severely denied by multiple mechanisms of defence. It should be noted that direct

factors such as genital friction were not present.

In another striking example, the patient had been seen irregularly in psychiatric interviews, for special situational reasons. She was a young woman with two younger sisters, in whose dream material the importance of severe oral rivalry was unmistakable, yet completely repressed. There had been a history of very close friendships with girls; hectic 'petting' with boys, and an intense affectionate attachment to an older woman who was later denounced as a 'Lesbian' by others under circumstances which shocked the patient, and terminated the attachment. When the patient married, there was considerable difficulty in establishing satisfactory sexual relations, the difficulty ranging from prolonged avoidance because of fear of pain, through dyspareunia, to simple failure of orgasm. The dreams pointed to the preponderant importance of fear of separation from maternal figures. The patient went to a remote point with her husband to help him in work with an underprivileged and poor group of families. After a few months, the patient wrote the therapist a long letter. In general, she had been quite happy, both with her husband and with her work. From great infrequency of sexual intercourse, they were now having intercourse two or three times a day! One of the special features of her experience was the constant forced observation of the poor mothers unashamedly nursing their babies at the breast. She was becoming accustomed to this sight, which had always occasioned great revulsion in her 'in the past'. The immediate occasion for writing was a disturbing dream. In this dream, her mother was constantly engaged in nursing babies; as a result of this constant expenditure of her strength and substance, she was deteriorating physically and becoming progressively demented. With due regard to many other factors of varying importance undoubtedly involved in the immediate episode, the focal and explicit importance of the oral-genital complex is unmistakable. What is especially interesting is that the hypererotic phase required the co-operation of the husband, who had not previously shown an inclination to such sexual frequency. Possibly, he too was stimulated by the nursing observation; the sexual relations included a 'great deal of breast-sucking.'

viously given, the expression of Keats, Lewin's patient, and the relation of the woman's punishment to her crime.) Róheim refers to one part of the serpent's punishment—the *eating of dust*—as evidence that he

is a 'chthonic being, a denizen of the underworld.'
³⁸ See for example, the recent paper by M. Sperling, in which the oral fantasy in genital exhibitionism is conspicuous (96).

It is realized that except in an unmistakably repetitive atypical instance, such as the case originally cited, the use of the word 'fuck' in analytic sessions would be assumed *a priori* to be more likely due to any number of other factors, rather than to a specific relation between its sound or spelling and a profound unconscious drive; furthermore the proof that this factor is decisive is in any case extremely difficult. However, if the immediate cultural-linguistic factor is carefully evaluated, and the cases referred to are only those where the use of the word may be regarded as extraordinary in its qualitative or quantitative aspects, or both, we may regard the material as at least deserving of thoughtful scrutiny.

In retrospective consideration of adult women patients over more than a decade, only three (aside from the patient originally mentioned) are recalled, who used the word with positive pleasure in its use or more than ordinary frequency. (In most women patients, this means from 'not at all' to 'very rarely'.) In none could this be regarded as largely due to cultural factors past or present. In fact, the three were university graduates, actively involved in intellectual or aesthetic pursuits. (It is, of course, likely that this often provides a fractional motivation in itself, akin to the 'highbrow' interest in slang, slumming, jazz music, etc.) In no instance was the usage as frequent as in male patients. In one, the utilization of the word was largely non-sexual, in slangy phrases and compounds, practically confined to the opening of her analytic experience with a male analyst, following two women analysts. The opening period was one of stormy hostility and rivalry and the word seemed largely a manifestation of her own masculine strivings. The patient's capacity for orgasmic vaginal gratification in this period was very poor. Anal and oral infantile trends were both strong; however, a basis for direct correlation with the word is lacking. In a second patient, there was also a disturbance of vaginal orgasm. Hostility and rivalry towards the male, strong unconscious homosexuality, predominantly associated with breast fantasies (although anal and urethral fantasies were also numerous and strong) were conspicuous, in an overtly childlike character structure, marked by high intelligence and exceptional artistic talent. In this patient, a general pleasure in 'dirty' words was above the average. In a third patient the word was used with its direct sexual significance, sometimes in the transference, with

occasional teasing references to the analyst's 'proper' speech. In this patient, who had a long analysis, in which the struggle with the oral dependent attachment to the mother (exacerbated by rivalry with a younger male sibling) was the main skeletal theme, the violent denial of oral attitudes in 'independent', often phallic homosexual attitudes (on a characterologic level) was a manifest struggle within and outside the analysis, a more plastic version of the rigidly structured mechanism evidenced by the patient described in the beginning of this paper. This patient also fantasied the analyst as dependent on her, and occasionally fantasied raping him.

In none of these instances was the patient overtly masculine or homosexual. All were capable of clitoral orgasm from the beginning, although one had anxiety about manual masturbation of such severity that the clitoris was stimulated only in cunnilingus by her husband. In two of the patients, fellatio (often simultaneous with cunnilingus by their husbands) was a regular and frequent part of the sexual life. All were smokers. In all, some conflict in relation to sucking became manifest in the transference situation at one time or another; in one, nausea with a fellatio fantasy, in another, conflict about the wish to smoke during the hour. In one instance, the patient came to the analytic hour smoking a freakishly long cigarette in a holder at a time when her dual problem with the male, represented respectively by the father who possessed mother on a genital level and the baby brother who sucked her breast, was close to the surface. Of the three patients, two drank alcoholic liquors quite steadily, and not infrequently to excess. All were married; only one did not pursue a 'career', having renounced it at the time of marriage. Curiously, perhaps only a coincidence, the three women were the oldest among their siblings; all had younger brothers; and in two of the three, there were no other siblings.

Since these are positive instances, the important question may be raised whether the rather widespread mechanisms mentioned for the three women (of differing manifest character structure and neurosis) may not have been present in many others who did not use the word 'fuck'. This question also applies to the larger problem of choice of neurosis. Admittedly other factors than a broad theme of unconscious conflict are involved in the use of this or any other word. For instance, the word was never used by a schizophrenic girl with an exceedingly active

and varied heterosexual life, in which panicky flight from homosexuality was one of the important motives. However, the patient had been born and reared in a part of the country where the training of girls in its moral severity and separateness from that of boys is quite different from that of the larger urban centres. Here it is conceivable (although by no means certain) that the word was not learned in early years. Another schizophrenic girl (usually not distinguished by vulgar speech) once suddenly stated that the reason she envied the male his penis was because she would like to 'fuck all the nice girls'. The patient was not overtly homosexual, but her paranoid episodes were repeatedly stimulated by increasing ambivalent tension when her originally affectionate attachments to maternal female friends continued in time. Conspicuous among them was a female employer whose imposing bosom was attractive to the patient even while she was tormented by paranoid attitudes towards her. In general, I would maintain the impression from the retrospective review of my own experiences with female patients that the significance of the non-appearance or rare use of the word may be due to a variety of reasons or may not be demonstrable; that where the word *is* used in its ordinary sense frequently and with *pleasure*, as a preference from an adequate vocabulary, its use may be linked with pregenital fixations which seek a genital conveyance and denial in the word (often corresponding to phallic homosexual fantasies), and that within this framework, the intense oral ambivalent attachment to the mother, highly coloured by disappointment in sibling rivalry, may play a large part.

At this point, it may reasonably be asked how certain observations of the use of the word by patients in a narrowly defined clinical setting may be brought into relation with the widespread use of an obscene word under everyday circumstances, and its one-time more respectable historical position. We might respond that the rule of free association in a sheltered situation, since it frees language (relatively) of the usual social imperatives and sanctions, is more likely to bring out effective determinants in relation to the intrinsic structure and sound of the word itself than ordinary conversation. That the

real and transference aspects of the psycho-analytic situation are dynamically operative is of course true; but these are recognizable and demonstrable, as in other psycho-analytic phenomena, to a degree rarely possible in ordinary conversation.

As to the difference between 'neurotic' and 'normal' people, I can only submit my conviction (following psycho-analytic tradition) that the differences are rather of intensity than of essential quality, and that this problem of proportions must be considered in correcting errors of inference, in exchange for the valuable clarity of perception that neurotic intensity and the psycho-analytic situation permit.

For example, the very existence of this word in the vocabulary, and its occasional use, like the existence of certain optional somatic expressions, or certain social rituals, may be sufficient in a summative sense to provide gratification for widespread basic and conflicting unconscious drives of low intensity, whereas such 'institutions' are not adequate to enable the neurotic person to maintain repressions or other satisfactory defences. In the special use of the 'institution'—in some instances—the very distortion may tell or at least suggest something about the relatively conventional, which would otherwise remain quite inaccessible.

If we now turn to the male psycho-analytic patients, there are six who utilized our word with noteworthy frequency or in a distinctive manner. (Among males, it is, I believe, the rarest exception who does not use the word occasionally. I can recall only one male with whom I had prolonged clinical experience whom so far as I remember—never used it. I omit one man whose use of the word was practically exclusive, whose psychological problem was strikingly relevant to our study, because his current social milieu and background weighed too heavy—almost spectacularly—in his manners and habits.) Again, all were university graduates; all were engaged in, essentially intellectual or scientific activities, although one was directly in the service of the business world. (It should be mentioned here that not all the author's patients were university graduates; and some of the other males had business³⁹ and social lives whose general language might much

³⁹ The male who—in my recollection—never used the word, was in the business world. He was of excellent formal education, of highly conventional tastes and ideals, of great propriety in his social life. This man had a severe oral disorder. Why then did he never use the word? The following may be suggested: (1) His relative lack of reaction against the character-

logical manifestations of orality. (2) A strong compulsive tendency against spontaneity, which allied itself with his social ideals, which even militated strongly against the spontaneity of his free associations. Vulgarity or even the 'rough' aspect of masculinity were held in low esteem in his circles throughout his life.

more naturally have included occasional obscene and slang expressions. However, figures are not offered, because there is no attempt to establish a *statistical* basis for this observation.) Again, one feels at the outset that the intellectual or the 'aesthete' is more liable to be drawn to the mode of expression of the polar group than the great mass of people between them. All were native Americans except one (the man employed by a corporation), who had been brought to this country in infancy. All came from homes which were of comfortable economic status, except the same man. All were married except one. Two drank excessively, to an extent bordering on the pathological; one gave a pathological position in his life to quantitatively moderate drinking. All were smokers; one smoked little. Three had manifest conflict about smoking, related to matters of health. In one, the smoking conflict was extremely intense, carrying with it all the qualities and considerations of earlier adolescent masturbation conflict (see Brill, 16). Geographical or religious-cultural factors did not seem influential. All save one had seen service in the armed forces. However, a man whose military service involved no traditional military life used the word continuously and with extreme frequency, another with long service overseas used it largely in only one period, in a special way. Other men who had served in either the First or Second World Wars did not use it with special frequency. (The indubitable importance of military service as a current cultural pressure in language may not be of equal influence on all men, and this inequality of influence may become increasingly evident with passage of time.) One man (the man of exceptions, who, also, had not seen military service) exhibited his interest in this word differently from the others. He did not use it with special frequency in the analytic hours. He occasionally spoke of his delight and guilt in uttering the word to his wife during sexual intercourse, and his wish to have her repeat the word to him.

Roy F. had a notably varied sexual life, marked by strong unconscious homosexuality, severe demands and hostility directed towards women, and intense orality pervading his overt character reactions and his masturbation fantasies. Masturbation was often employed as a sedative, with fantasies of a woman performing fellatio on him. (Later material supported the original impression that the 'woman' was also himself.) This patient, as did three others in this

series, had occasional non-structural bowel symptoms and many other less tangible evidences of unconscious anal conflicts. (It is conceivable that severe and premature sphincter training may greatly augment and perhaps infuse anal elements into the need for oral gratification.) Taking these factors into consideration and allowing for the investigative bias established by the original conception, it would still remain true that all six patients in varying ways and through varying experiences struggled most severely with the impulse to suck a breast or penis (in the proximal sense, the latter). Furthermore, in several instances, the immediate setting in which the word appeared strengthened the impression of its focal relation to the struggle with oral impulses. The man of oral inclinations, who at times uninhibitedly performed cunnilingus when his potency was disturbed, used the word with a sort of wistful idealization of its rough masculinity. It occurred most wistfully and most often in an hour in which he was lamenting a recent episode of impotence with a woman who was a complete mother substitute, at the same time expressing his growing insight into one of the several important factors that contributed to his impotence, i.e. his wish to be mothered, nursed, to be given things by the woman, and his anger that this was not forthcoming, that she actually required things from him. In this case, the wistful desire to 'just go ahead and fuck' certainly expressed and denied its opposite. Also, it included the hostility to the woman. (When this factor spreads beyond the capacities of the word's ordinary structure, audible prolongation of the 'f' sound may appear.) That the opposite verbal tendency could also more subtly express a relation between the words appeared in the patient's description of his extreme self-consciousness when he took a woman markedly older than himself to the theatre. He felt that everyone was looking at him, that he must have looked 'abnormal, like a cock-sucker'. On one occasion, the word 'soccer' appeared in a dream in which the qualifying adjective 'French' elicited the associations latent in the sound of the word for the rough masculine game.

Robert F. experienced much marital trouble, based largely on his own unconscious homosexuality, intense narcissism, and intense hostility towards women. The latter, rationalized in many ways, was based largely on old feelings of oral deprivation and rage, which only after a long period revealed themselves consciously

in their anatomical associations. The patient's powerful fellatio impulses were violently denied for a long time, often occasioning obvious severe physical symptoms, or appearing in inverted form in actual practice with his wife, or in dreams with the analyst as fellator. The patient's erectile potency was good; sexual intercourse was frequent, at times with a literally compulsive quality. This patient delighted in our word—used it all the time. He played with it, experimented with new compounds, but above all seemed to relish its very sound. That this man envied his wife's not infrequent role as fellatrix and also her role in intercourse, while enjoying his own role, was demonstrated by abundant material. On two occasions in puberty, this patient had masturbated, using foods as lubricants. The masochistic solution of intense hostilities contributed a large part to his passive feminine envy and identification. Whether this tendency expressed itself in oral or anal or castrated genital fantasies, the usual mode of response included heightened coital activity, and a corresponding augmentation in the pleasure utilization of the word 'fuck'.

In William W. who had a considerable flair for words, there was a severe neurosis involving multiple and complex social anxieties. In this patient too, the denial of castration anxiety was especially prone to be expressed by hypererotism. Again there were obvious disturbances in both anal and oral spheres. It was my impression that the violent reaction to oral disappointment and the identification with the disappointing mother were the central issues in the multiple complicated problems in this case. This patient did not utilize the word with unusual frequency, but with strong focal relation to the unconscious trends presented at a certain time. For instance, the word appeared conspicuously when a vacation interruption of analysis was expected, when dieting for weight reduction was under way, and when a (temporary, but long) cessation of smoking had been effected. Both the pronunciation of the word (the prolonged 'f' sound) and the context indicated a strong hostile component in its employment.

The fourth male differed from the others in that a special preference for the word seemed to be confined to the coital situation, and here it was only sporadic. His wish to have his wife say the word was largely aborted by the same intense guilt evoked by his own utterance of it. This man was the oldest sibling in a large family of the labouring class, with considerable early de-

privation. The unmistakable evidences of severe unconscious sibling envy were dealt with largely by reaction formation; i.e. the patient early became the conscientious protector of his siblings and the pride and counsellor of his humble parents. Unlike the other patients, although the patient had a routine job of an intellectual nature, he was unpretentious and unaspiring intellectually, conventional in his outlook and habits. His sexual morality was very strict, both in external adherence, and in its structural role in his personality. He had numerous phobias, largely in intimate personal or social situations, and an alarming tendency to sudden syncope (related to unconscious passive fantasies). He had masturbated during puberty, with overt fantasies of intercourse with his mother. (This is not the man mentioned previously in connection with the snake symbol.) His wife, with whom he had relatively normal sexual relations, occasionally stated that he 'seemed to need a mother instead of a wife'. This perception must have been based on exceedingly subtle data, for excepting a morose (not demonstrative) hypochondriasis, the patient was excessively reserved and controlled, overconscientious, with no overtly child-like attitudes. While it played no conspicuous part in his monogamous sexual life, the patient showed a greater than average interest in the breast; for instance his exceedingly guilty extramarital impulses frequently found exciting expression in looking at women's breasts, when their clothing became scantier in the summer-time. This patient had occasional bowel symptoms among others; and there was good ground for assuming that severe sphincter training had at least contributed to the lack of spontaneity, the excessive sense of hazard in self-expression, and the general cautiousness in many spheres that characterized his personality. That this contributed to the pleasure and guilt in the sense of a 'dirty word' seems likely. Yet the essential experiential core of this patient's character and illness lay in the tremendous structure evolved to repudiate, distort, hide, and yet gratify—through many intricate devices—his intense passive, specifically oral wishes, and the violent hostility to siblings evolved from them. When his girl baby was born, his tendency to identify himself with the child in all her infantile difficulties with her mother was truly remarkable.

In this instance, it should be mentioned that hostility to women (mothers) was not the demonstrably intense and decisive personality problem

that it was in the preceding three male patients. Nor, correspondingly, was his use of the word 'fuck' tinged as much with violence as with shy guilty pleasure. I would infer, since the word was used in a satisfactory genital situation, in preference to words of explicitly anal reference, that it appeared largely as an emissive oral gratification and demand, in which the phonetic relation to the word 'suck' played a partly determining role. One may raise the question whether this patient's overt pubertal incestuous fantasy was not a reaction to the violently denied oral fixation to the mother, a striking 'exaggeration' of the unconscious Oedipus complex—and speculate whether the universal remnants of oral fixation do not thus contribute an important factor to the normally occurring Oedipus complex, parallelling the relation of the words 'fuck' and 'suck'. *A priori*, this would not be too surprising, insofar as it is sucking and suckling that distinguish the entire vertebrate class to which we belong.

If the reciprocal phenomenon of regression connected with disturbances at the genital level is not stressed in this paper, it is not from lack of appreciation of its great importance. It is rather that the chief interest in the study lies in the relation of the genetically older phenomenon to its later integrated representation. I do not wish to subscribe to another 'genetic fallacy'. To the extent that genitality is soundly organized and unobstructed, it exists in its own right, with its own peculiarities, like a true stable chemical compound. The same is true of the word we are studying, and its implications. However, neurotic genitality may be compared with an unstable compound or even a readily separable physical mixture. To the extent that 'normal' individuals share small proportions of the same traits that distinguish neurotic individuals, the existence of multiple reflections of such traits in cultural institutions may be of special assistance to them in maintaining their normality.

In the two remaining male patients (added long after this study was originally conceived) severe pregenital fixations were also striking. In both, the factor of oral demand, envy, and rage directed at women was of remarkable intensity. Both had younger sisters, and amalgamated the rage towards the disappointing mother with the hatred and envy of the little girl rival. Both employed a variety of masochistic solutions for their passive wishes and hostilities. Both employed the diffusely pejorative adjective 'fucken' (which seems largely a degenerative form of the

present participle) with great frequency, apparently to give greater scope to the sheer sounding of the word. In both, the fellatio fantasies (and homosexuality in general) were close to the surface. In one, the man referred to in connection with the cannibalistic snake symbol, there had been naive adolescent wishes that his mother should solve his sexual problem. In the other, incest fantasies had been severely repressed.

SUMMARY

Based on inferences from clinical observation, the opinion is established that the important and taboo English word 'fuck' bears at least an unconscious rhyme relation, possibly an actual genetic linguistic relation to the word 'suck' within the framework of considerations that determine the general phenomenon of obscenity, including the anal emissive pleasure in speech. Towards the establishment of this opinion and impression as a scientific hypothesis, a critical investigation of the known linguistic facts, as given in conventional authoritative sources, is undertaken. With this, certain basic clinical psycho-analytic phenomena and a few broad historical observations are adduced in indirect support of the hypothesis. The controversy as to the origin from *ficken* or *foutre* is stated, with a subsequent effort to resolve the conflict, an effort to trace both words to their respective origins in Indo-Germanic roots, and to demonstrate the probable important influence of the word 'suck'. The impression emerges from the deeper root data that the oral receptive attitude of sucking may provide the conceptual and linguistic *Anlage* that ultimately eventuates in basic words for sexual intercourse in English, and that the evolution in roots shows a tendency to correspondence with a putative psychic evolution through predominant oral aggression, towards (with later incorporation in) the active phallic sexual attitude, most clearly manifested in the normal male role. The male sexual role is the manifest structural opposite of the original sucking experience (except in the active rhythmic movement). Possible anal considerations are mentioned. The whole is thought to be relevant to Sperber's theory of speech origin (or more directly to an 'oral' hiatus in it), also to Abel's demonstration of the 'antithetical sense of primal words'. In general, the investigation is felt to support the hypothesis that the words 'fuck' and 'suck' have an important and general unconscious relationship, perhaps expressed only in the rhyme and latent conceptual

relation of the corresponding drives, but possibly implicit in the actual structure of the words.

The questions which arise for further study in relation to this hypothesis and investigation are: (1) the general action of large unconscious trends, as conceived in psycho-analysis, on the more specifically linguistic factors in word formation; (2) the psychological significance of rhyme; (3) the significance of specific sounds in word meaning; (4) the further investigation of the role of inevitable primordial object relation and separation, especially in the oral sphere, in the development of aggression in general, the role of such aggression in the nature of normal genitality, and in the normal and pathological Oedipus complex, and (5) further consideration

of the role of language itself as a fundamental highly structured convention of object relationship, perhaps the most important instrument of the mastery of separation, fulfilling in its own way a role corresponding to the 'anatomic-physiological' stereotypes, differing as they do from varied and fluid elements in individual emotional and psychical life, yet always in a continuous dynamic relation with these more labile components of personality.

The author hopes that people who work with children on the one hand, and expert students of language on the other, can contribute data in these spheres which are far beyond his own present competence.

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BIOLOGICAL REMARKS ON FEARS ORIGINATING IN EARLY CHILDHOOD

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I should like to preface my remarks by recounting some observations which I made while treating two women patients, whom I have been psycho-analysing for some time. Their personalities and the disorders from which they suffer show great differences, but also great resemblances; they have the same motive for consulting me: a strong sense of guilt, because they feel unable to fulfil the tasks of motherhood.

The one lies on the couch, *wholly quiescent*; she speaks very little, and is content to listen to the warm human voice of the psycho-analyst. What he says is of little moment. The main thing is that he should speak and *speak to her*. While he is doing so she imagines that she is a little child, and desires to "snuggle" into his bosom, and to be stroked, embraced, enfolded by him, completely enfolded, so that she lies hidden and sheltered in his arms. In some phases of this phantasy, the doctor does not need to stroke her, he does not need to be *active* at all. She would be contented if she could only feel his body, or his bodily warmth, so that her wish to be hidden and sheltered could be satisfied. She desires to be loved, without having to 'earn' this love by any definite, distinct qualities and/or behaviour. A peculiar feature of these phantasies is that she *does not wish* to see the doctor's face. When I ask her what would happen if she were to see my face, she *takes fright*. The mere notion that she might see it fills her with great fear and horror. The *profile*, however, arouses no fear. Nor does the full face, if one eye is covered. 'The two eyes and the forehead are terrible.' The mouth has no effect.

The second patient is very vivacious; she speaks with great emotion, and often forces her words out, faltering and groaning, and she weeps copiously and continuously. During the consultations, she has a phantasy which is connected with vivid kinæsthetic sensations,

and fills her with great fear, rage, grief, and yearning. It is a long time before she is able to couch her experiences in words. It is as though there were something in front of her lips which continually vanished, like the water and fruit after which Tantalus reached in vain. She bites with desperate fury at this object. Her phantasy is slowly worked out, till she becomes aware that this experience portrays the vanishing (malignant) breast of the mother. She keeps crying out in a voice of terror: 'I won't see the doctor! I won't see the doctor!' To see the doctor's face would be terrible. When I ask her first what would happen if she were to see my face, she is seized with panic, and tosses her head desperately to and fro on the cushion, like a child who tries to hide its face in its mother's dress, to avoid seeing something terrible. She makes evident attempts at flight, and has an impulse to jump up and run away. When I ask her what would happen if she saw my *profile*, she laughs in great astonishment, and says: 'Oh, that wouldn't be terrible at all! That wouldn't frighten me!' And then she calms herself. Even a full-face view, with one eye covered, she can imagine without fear. These illusions can be traced to memories of her mother. Her mother had such 'wicked' eyes.

Later, I have observed the same phenomena in another patient, whose treatment is much less advanced: the sight of my full face terrifies her, but not my profile. Like the first two, this patient has several children, and suffers greatly from conflicts in her maternity relations.

It is most remarkable that the fear-inspiring property does not inhere in a definite *external object*, not in 'the face' (of the doctor), but in a definite *visual 'Gestalt'*. It seems determined by definite visual qualities: the *two eyes* and the forehead. If only one eye is shown (full face with one eye covered, or profile), no fear is aroused. The fear is released, therefore, not

by a definite object (the face), but by a definite visual configuration. For the face is the same object, whether presented from the front or in profile; while the *visual object* varies. Something of this terrifying and uncanny effect of the two eyes we can experience in ourselves. Imagine a death's-head in profile. It hardly arouses fear. But the full face does.

The first two patients are nearing the end of their treatment. They have reached the phase which Balint (1952) calls 'the New Beginning'. Both very clearly manifest phenomena, which show an oral, preverbal origin, and exhibit features of *primitive or archaic object-love* (Balint). The anxiety-phenomena observed are also of a primitive, archaic nature, as I shall presently show. Perhaps we should be justified—to borrow Balint's terminology—in speaking of a *primitive, archaic object-anxiety*. The patients' dreams reveal the unconscious phantasies connected with this fear. The first patient had this dream:

'I was lying in my bed, and a lion was sleeping in it too, with his back turned towards me. As I lay there, I looked at him, especially at his paws, but not his face. At first I thought "The lion is not dangerous". But when I looked closer at his claws, I thought, "But he is dangerous, he could tear open my throat, and then my blood would pour out, and I should die". The more I thought of this, the greater my fear became. I called out to my mother to help me. I had to call several times before she came. I said that I had not dared to get out of bed while the lion was lying beside me. Then she enticed the lion into her own bed, where he lay peacefully sleeping. He became much smaller, and looked more like a cat. I never saw my mother's face, nor that of the lion. I saw only the outlines of mother's white nightdress, and heard her voice. I was ashamed of having been afraid of this little lion.'

From this experience I will select only such material as is relevant here. The lion represents the psycho-analyst, and at the same time, the woman's children. She could not give her children the breast, because she had the unconscious phantasy that they sucked the sap and strength (the blood) out of her. Her milk began to dry up soon after childbirth. Of her three children, she could only give her own milk to one, by feeding it, on the doctor's advice, not directly at the breast, but on milk drawn therefrom and given to the baby with a spoon.

The dream is concerned with fear, connected with *body-destruction phantasies*.

The second patient had a dream inspired also by these phantasies, which recalls Salvador Dali's visions. She saw her flesh hanging loose and gradually falling to pieces. She awoke in great fear.

A peculiarity of this archaic object-anxiety, connected with body-destruction phantasies, is that, in the waking state, it can be released by a definite *perception* or phantasy. This perception is a clearly definable *stimulus configuration* or visual Gestalt; the two-eyes-and-forehead pattern. The fear is *not* released by the perception of an object or a person. For if the visual Gestalt changes, the full face turning to the profile, the fear ceases (although the person remains the same).

If we search for analogous phenomena in early childhood, due to emotion and especially to fear, we come upon the first anxiety, the 'anxiety of strangers' or 'eight-months-anxiety', after the sixth month, and to the first smile between the third and sixth months. Let us now turn to these phenomena.

The Fear of Strangers and the First Smile

If a strange person approaches the baby, it turns away, shuts its eyes, hides its face, cries, screams, etc.

This phenomenon has many individual variations, and has been, therefore, variously described. It is characteristic that this fear appears at a definite phase in development, that is, after the sixth month. While, according to Spitz (1949), the child, between its third and sixth month, *smiles* on the approach of any human being, so long as he approaches from the front, not turning his profile to it (Kaila, 1932; Spitz, 1946), after this age it shows *anxiety* with definite *flight reactions* when a stranger approaches it. According to Spitz, 'eight-months-anxiety' is the first actual fear reaction. It is true that anxiety reactions are observable earlier in the ontogenesis of the child, but these appear as reactions to (excessive) physical stimuli. The 'eight-months-fear' is the first genuine psychological fear, for it is not a reaction to the intensity, but to the structure and quality of the stimulus, and its pre-condition is that it shall be perceived as the sign of an approaching danger, that the threat shall be anticipated accordingly, and the stimulus distinguished from others which are similar. (The baby differentiates between

'familiar' and 'friends'.) Why then does the first actual anxiety manifest at this stage of development, and not later or earlier? According to Spitz's theory, there are (a) structural and (b) libido-theoretical causes.

(a) The structural cause is that the seat of the fear is, according to Freud (1926), the ego. (This contention relates to expectation-anxiety, released by a sign announcing a danger not yet present.) Before the first ego-nucleus is differentiated, therefore, no psychological fear can manifest. (Before this stage, there are only physiological states of tension, which lead to diffused, uncoordinated, muscular discharges.)

(b) I will now consider the libido-theoretical causes. In the third three months of its life, that is, when 'eight-months-anxiety' appears, the child makes its first real libido-motivated object-relationships. Before this come the narcissistic pre-object and part-object stages, in which the pre-objects and part-objects are valued only as sources of narcissistic pleasure. If there is no need-tension, the baby is quiescent, uninterested in the pre- and part-objects. In its third three months, the first real objects appear to it: the baby takes pleasure in its mother's presence, and longs for her when she is absent, whether there is need-tension or not. In this phase, the baby clearly distinguishes its mother from strangers, and the mother and the other. During the transition from the second to the third three months, the smile of the baby disappears—whereas it was formerly released by any face, even a stranger's—and is replaced by the 'fear of strangers'. The indiscriminating smile is superseded by this anxiety. Now, according to Spitz's hypothesis, the sight of a stranger means a grave disappointment to the child: 'not the mother it longed for, but a stranger' (Freud). At this stage the newly possessed objects have still the function of 'being a constituent of the newly established ego. The loss of the object is a diminution of the ego and a narcissistic trauma, as serious as the loss of a limb'. The sight of the stranger signals object-loss, and the reaction to it is fear. In a word: Fear of strangers does not appear in the course of ontogenesis until the baby (a) distinguishes between the familiar and the strange, and (b) has already an object, the loss of which means danger.

There are, however, important facts which weigh against the theory that 'fear of strangers' is the fear of object-loss. For the child is

afraid of a strange person even when it is sitting on its mother's arm and clinging to her. How then can the stranger mean object-loss?

A further objection is that the child's fear ceases as soon as the stranger turns his back. One would suppose that a back turned towards the baby, at least its mother's back, would inevitably release the fear of object-loss, since the sight of a back is usually followed by the disappearance of the mother. But we may rebut this objection—with Spitz—by pointing out that the face is a very early established part-object. The identification of the familiar person, recognition of the same, and discrimination from strangers is bound up with the perception of the face. *The fear of the stranger is therefore released by a specific partial object.* This partial object is the face.

That Spitz does not further investigate the nature of this partial object is due, in my opinion, to a preconceived theoretical assumption: to wit, that this fear is the reaction to an internal danger, i.e. that it is an *instinctive fear*.

In his *Inhibition, Symptom, and Anxiety*, Freud made a very important distinction, which has hitherto been little appreciated by psycho-analytical theorists, between *real fear* and *neurotic fear*. The former arises in the face of a known danger, which threatens the integrity of the organism; the latter in the face of an unknown danger, which reveals itself as danger to an instinct. From this distinction it followed that we must 'look behind the fear reaction to the *danger situation*' (p. 194).

The suggestions and indications contained in this book of Freud's were widely applied in the succeeding years of psycho-analytical research. Since Freud places anxiety at the centre of neurotic disturbances, and connects it aetiological with defence, the dynamic of fear was closely studied. But Freud's exhortation to look behind the fear to the danger situation has met with slight response. He supplied valuable hints for the theory of *ego-development*, since the ontogenetic sequence of the 'typical anxiety situations' was connected with phases of this development. But the problem of real fear was ignored, so that the doctrine of anxiety situations was put to little use in attempting to understand the nature of fear.

It is instructive to compare the 'fear of strangers' with the preceding phenomenon, the smile. The general situation and the releasing *specific stimulus* are common to both. In each case, the general situation is unspecific.

Between the ages of three and six months, the child smiles, whether it is alone, in bed, for instance, and the specific stimulus (the face) meets its eye, or with the mother, in close contact with her, and a face appears. After six months the child reacts by fear to the *strange face*, whether it is alone or in close contact with its mother.

Let us now turn to the *specific stimulus*.

Charlotte Bühler (1927) considers that the smile of the baby is released by the smile of the adult, and not by the pleasurable anticipation of being fed, since children brought up by hand do not smile even in their fourth month at the sight of the bottle (Hetzer, 1930). In 1932, Kaila showed that the specific stimulus is a definite visual Gestalt, namely the human face, seen from the front. If the experimenter who has already released the smile of the baby slowly turns away his face and presents his profile to the child, the smile disappears, to return when the experimenter again looks straight at it. In very careful experiments, conducted in collaboration with K. Wolf, Spitz showed, in 1946, that the releasing stimulus is not the smile, but a definite visual Gestalt, a greatly simplified schema of the human face. He made a series of masks or dummy faces, and eliminated successively all those features whose absence did not preclude the release of the smile. He then retained only those which were indispensable for this release. He was thus left with a dummy consisting of two *clearly-marked eyes with part of the forehead* and a surface below the eyes. A mouth is not required (as in the case of my patients). The nose need be only faintly indicated. One eye is not sufficient. A further characteristic of the dummy is that it must be in slight *motion*. The place and mode of the motion is immaterial. It is, for instance, equally effective whether the separate parts of the dummy move, or the whole dummy moves about the room, nods, or makes other gestures. The dummy may be briefly characterized as startlingly reminiscent of popular representations of the *death's-head*, and between the ages of three and six months, the baby smiles at this horror.

Accordingly, the baby does not react by smiling to all the visual features of the object, but only to certain selected features, neglecting many others, although it is able to perceive them.

These experiments of Spitz's appear to contradict his theory of the fear of strangers.

(1) The smile is deemed to be the *first social* and the *first specifically human reaction* of the child which occurs in the course of ontogenesis. The fear of strangers is considered as the *first anxiety* which manifests in ontogenesis. Thus, the first social and specifically human reaction occurs three months earlier than the first anxiety, if Spitz's theory is correct. This is somewhat remarkable, since fear is an animal manifestation, biologically much more deeply rooted. On general biological grounds, we should expect the opposite ontogenetical sequence.

(2) the smile is a relatively differentiated definite reaction, which can be released by a relatively schematic and somewhat indistinct stimulus. Fear, on the other hand, which is much more 'animal', requires for its manifestation a much more distinct stimulus, to wit, the precise discrimination between familiar and strange human beings.

Summing up the results which we have hitherto obtained, we can affirm that the smile and the fear phenomena can be released by a special stimulus configuration, and not by a special object. The '*releasing stimulus configuration*' for the two phenomena appears to be identical: a schema consisting of two eyes and a forehead.

I shall anticipate a concept which I shall treat more fully in the following section by calling such a schema a '*key stimulus*'. From the study of ethology (the science of animal behaviour), we know that all the innate instinctive behaviour of animals is released by key stimuli. The key stimulus which releases a definite instinctive reaction is specific to the animal species (and not to the individual). This is a general characteristic of all animal instincts (Baerends, 1950; Lorenz, 1950; Tinbergen, 1951). Ethologists reconstruct the key stimuli by the same experimental method as Spitz.

For the present, I should like to make the assumption that the visual schema which releases the anxiety of my patients and the smile of the baby is really a key stimulus in the ethological sense. This assumption, however, involves the further hypothesis that this key stimulus is a phylogenetically transmitted constituent of a certain instinct (for the present undefined). The specific reaction to a key stimulus is probably innate.

I shall first discuss the nature of the key stimuli and some concepts such as '*innate releasing mechanism*' and '*imprinting*'. I shall then return to the problem of early childhood

anxieties and endeavour to elucidate the connexion between key stimulus and part-object.

Key Stimulus and Releasing Mechanism

Innate instinctive activities occur in general under three conditions.

(1) The instinctive activity is carried out in certain situations when the sensorium of the animal is affected by a specific 'stimulus'.

(2) Secondly, the activity is carried out when a certain physiological 'readiness' is present (for instance, hormone adequacy).

(3) The instinctive act always conforms to a specific motor pattern (Beach, 1951; Tinbergen, 1951). This threefold division is, indeed, a rough schematization, since often even 'physiological readiness' occurs only when the animal finds itself in a specific environment.

The following remarks deal only with the sensorial element:

Freud has pointed out again and again that the instincts are fundamentally biological facts. In 'Anxiety and Instinctual Life' (*New Introductory Lectures on Psycho-Analysis*, p. 124) he says: 'However jealously we may in other connections have defended the independence of psychology from all other sciences, nevertheless we are here overshadowed by the immutable biological fact that the living individual serves two purposes: self-preservation and the preservation of the species Here we are really discussing biological psychology, we are studying the psychological concomitants of biological processes.' Mindful of this exhortation, scientists have never relaxed their endeavours to build up the psycho-analytical theory of instinct on a biological foundation (Kubie, 1948).

But strangely enough, interest has always been concentrated on one phase alone of the instinctive processes, namely the central phase, the somatic source of instinct. A significant example of this is Kubie's otherwise very inspiring essay on 'instincts and homeostatic processes, the sensorial and the motor; have very important biological aspects, and they have been disregarded, although they are much closer to the "psyche" than is the somatic source, inasmuch as they cause the orientation of the instincts to the environment. I shall now attempt to support my view of anxiety in early childhood by certain biological reflections on the sensorial terminal of animal fear (in the language of the ethologists, flight instinct).

Of the many stimuli to which the sensorium

of an animal responds, and which it can distinguish, not all are necessary in order to release a definite instinctive activity. It does not react to all changes in its environment, nor to all the features of the object to which its instinctive impulse is directed, but only to some. As a rule, it responds to such features as are characteristic of the object and distinguish it from other objects which are similar, but not important to the activity in question (Baerends, 1950; Tinbergen, 1951). 'This is a basic property of instinctive behaviour, the importance of which cannot be stressed too much' (Tinbergen, 1951, p. 25). It has been possible to ascertain these properties by means of a special experimental technique. This consists in constructing dummies which have only some of the perceptible properties of the object. If, for instance, the sexually active male stickleback be shown an exact replica of the female, but without the swollen abdomen characteristic of her when receptive, he will not react. Yet dummies which represent only fragments of her fish-like body, without head, tail, or fins, and even without the natural colour, but with a conspicuously swollen abdomen, release the sexual behaviour. Without an illustration, the reader can hardly imagine how little like a fish, to human thinking, such an effective dummy needs to be; about as little as Spitz's dummy, which released the smile, was like a face. Such a releasing stimulus is called a 'key stimulus' or 'sign stimulus'. Certainly, the key stimuli are not actual stimuli as the term is used in sense psychology, but *Gestalten* as dealt with by Gestalt psychology. Dependence on key stimuli is a general characteristic of instinctive behaviour (Tinbergen, 1951).

In psycho-analytical theory we are not accustomed to consider anxiety as an instinct. But in ethology, the zoological manifestation of anxiety, the *flight reaction*, is regarded as a genuine instinct (flight instinct), which is as dependent on specific key stimuli as, for instance, the sexual and maternal instincts. The schematic outline of a bird's body with outspread wings, moved over the head, provokes in most birds flight reactions: the warning cry, search for cover, and so forth. The contours and proportions may be left to choice, but for one essential detail: the projection representing the dummy's head must protrude only a little. (Most birds of prey are short-necked, while the necks of most harmless birds are somewhat long. Swallows and pigeons, however, have short

necks. The observation that swallows or pigeons flying past sometimes provoke a flight reaction in domestic fowls furnished the historical impulse for the experiments with dummies.) 'The occurrence of such "errors" or "mistakes" is one of the most conspicuous characteristics of innate behaviour. It is caused by the fact that the animal responds "blindly" to only part of the total environmental situation and neglects other parts, although its sense organs are perfectly able to receive them' (Tinbergen, 1951).

A very common, and in many species of animals (mammals, birds, and other vertebrates) effective, *anxiety releaser* is a *key stimulus consisting of two eye-like spots with a surrounding surface*. This key stimulus is a particularly effective 'deterrent', since it paralyzes the food reaction, or the preparatory 'appetitive behaviour' (the pursuit of prey). Accordingly, this key stimulus is developed as a 'protective structure' by many species, which might otherwise easily fall victims to other and hostile species. 'It is very remarkable that in the development of frightening structures the colours red and yellow as well as dark patches surrounded by a bright ring ("eye-spots") are so often used' (Baerends, 1950, p. 343).

I must forbear to cite other examples, interesting as they may be. Suffice it to say that most instinctive reactions can usually be released by one, two, or more key stimuli. The number of key stimuli required to discharge the reaction depends on the strength of the impulse at the time. The manner in which the key stimuli can be totalized is formulated by Lorenz in his 'Law of heterogeneous summation' (1950). The neuro-psychological mechanism which, under the influence of the key stimulus, releases the instinctive behaviour, is known as the 'innate releasing mechanism', currently abbreviated to IRM.

Imprinting

Not all the key stimuli comprised in IRM, and often not all the specific characteristics of a key stimulus, are established when the animal comes into the world (or emerges from the egg). Even maturity, of itself, does not fully unfold the effectiveness of the stimuli, so as to make them biologically effective. A special interaction with the environment is required.

The first historical observation relevant hereto was made by Heinroth (1911). He discovered that grey geese which had not been

hatched by the mother react to their human foster parent (or to any fairly large moving object which they see on first emerging from the egg), just as other geese do to the movements of the mother. They follow the person or the object. 'A few hours—in the case of some species, a few minutes, according to Lorenz—suffice for the young bird to acquire the lifelong tendency to choose such a 'substituted object' in the place of its mother, and when it is fully grown, to accept it as a 'companion' in the place of its own kind. When the bird is sexually mature, it chooses this object as its mate, capers or plays before it, and makes abortive attempts at copulation. The key stimulus which releases the filial instincts is not yet effective in the new-born animal. An 'interior schema' corresponding to the stimulus must first be 'imprinted'. In the biological literature, numerous instances of such imprinting have been described. The 'enemy schema', *inter alia*, that is, the key stimulus which releases anxiety and causes flight, must, in the case of many species, be imprinted.

Thorpe (1950) summarizes the characteristics of the imprinting processes under the following heads.

'(1) The process is confined to a very definite and very brief period of the individual life, and possibly to a particular set of environmental circumstances (critical period).

'(2) Once accomplished, the process is very stable—in some cases, perhaps, totally irreversible.

'(3) It is often completed long before the various specific reactions to which the imprinted pattern will ultimately become linked are established.'

From a study of the cases dispersed in the zoological literature, I am able to add a further characteristic:

'(4) The critical period coincides with the first appearance of an instinctive activity in the individual life, though the effect does not necessarily remain confined to the field of this instinct.'

It appears that, with very many species of animals, imprinting is indispensable to the normal, biologically effective, functioning of some or many instincts. This is probably so because the genetic apparatus, that is, the genes disposed in the chromosomes, have only a limited capacity of transmitting distinct states of readiness for reaction. Since the circumstances obtaining during the critical period are

fairly uniform, biologically adequate imprinting usually follows, and then the result is 'mute'. One is inclined to think that all instinctive behaviour is 'innate', or controlled in its development by the action of the genes. Only under experimental conditions, when human interference during the critical period brings about a biologically inadequate imprinting, do the processes become 'vocal' and observable.

The question now arises: What happens when the circumstances totally preclude imprinting? In the zoological literature, some relevant cases are described, which concern the imprinting of the fear-releasing 'enemy schema'.

With many gregarious birds, the ontogenetic development of the fear-flight reaction proceeds in the following sequence. The young birds react first to the warning cry of the parent by flight, search for cover, hiding. Later, this reaction is released also by passing birds of prey. Tinbergen states that Krätzig isolated some ptarmigan for a short time from their kind. Their flight reaction could never afterwards be released in the 'natural' manner. They did not react to the warning cry, and they developed an unco-ordinated, chaotic tendency to flight in the presence of biologically inadequate visual stimuli. Any object floating above their heads (butterfly, large insect, wind-blown leaf, and so forth) could cause flight. Often such reactions occurred without any visible cause, as it were *in vacuo*. We must infer that the fear-releasing 'enemy schema' had remained defective, too unspecific. Lorenz reports similar observations. *When the enemy schema is defective, the animal reacts by fear, not exclusively and not specifically to the key stimulus characteristic of its species, but unspecifically to many other possible stimuli.* In such cases the IRM is functioning inadequately: the releasability of fear is not confined to those specific changes in environment which give warning of a real biological danger.

Let us now revert to the anxiety of early childhood, and to the smile. The following remarks are very hypothetical, and I must preface them with a general survey of our ignorance.

We do not know how the key stimuli, or the corresponding schemata, for the release of human instincts or impulses are constituted. We have no conception of the phylogenetic changes occurring in the genesis of Man. We know nothing of how unspecific the releasing

key stimuli (schemata) are, and what part imprinting processes play in them, in order that they may be psychologically effective. What follows, stands therefore on an unsure, empirical foundation. But I will endeavour, with the help of as few assumptions as possible, to bring a series of known facts into a new connexion, and to focus our attention on some facts which have hitherto been insufficiently observed.

Anxiety in Early Childhood as a Phylogenetic Inheritance and Part of an Animal Instinct

I shall make two assumptions, hitherto empirically unproved:

(1) *The two-eyes-and-forehead schema relates to that part of the animal fear instinct which Man also receives as a phylogenetic inheritance.*

(2) *In the case of Man, this schema is unspecific, inasmuch as it is not confined to alien or hostile species, such as beasts or birds of prey, but extends potentially to members of the same species, that is to human beings. It must be imprinted on the biologically alien species, if the human being is to be excluded.*

During its first months, the baby reacts to the mother's face by anxiety. We must describe this fear in some detail. It is not the face itself, but the 'two-eyes-and-forehead' configuration or form, which releases the anxiety, and the other visual features play no part. This configuration conforms to Spitz's smile-releasing dummy. Under more or less normal circumstances, when the emotional relation between mother and child is satisfactory, the child recognizes (about the beginning of its second three months) 'the other human being'. The face of this being forms the governing perception, in Spitz's acceptation of the term. It is now a 'part-object', built up from the phylogenetic, inherited, anxiety-releasing schema of the animal instinct. Perhaps all part-objects arise from the innate releasing mechanisms of the animal instinct. When the face has become a part-object, the child smiles, because its anxiety has become superfluous. The key stimulus which had provoked fear is now recognized as a 'friendly', 'other human being', who bestows narcissistic pleasure. The first smile of the child is, therefore, just as much a sign of anxiety which has been removed, having become superfluous, as is the laughter of the adult (Freud, 1905). This will also explain the exceptions described by Spitz: children who, in their second three months, do not smile at

the sight of a face, but exhibit anxiety. Spitz calls this reaction the 'reversal of smiling'. Such children have a disordered relation to their mothers; a partial object has not been organized around the innate anxiety-releasing mechanism.

The first anxiety of the child is, therefore, not the fear of strangers (as in the third three months of its life), but that fear of the 'face', or rather the 'two-eyes-and-forehead' schema, which is averted by the smile. Thus we see how the first social reaction arises from the matrix of the animal instinct, and how an inherited, archaic, phylogenetic releasing mechanism is applied, for the first time, in a specifically human manner.

The assumption that in this first phase of child development phylogenetic anxiety-releasing mechanisms are active, accords well with the assumptions made by the school of Klein, which holds that 'the most primitive type of fear is the fear of persecutory objects' (Heimann, 1952). The phase of development is known as the paranoid-schizoid position. The innate fear-releasing mechanisms are actually directed towards 'persecutors', that is, biological enemies, to an alien species of animals (or to several species).

It is a very important question why, in Man, one of his own species can become a 'persecutor'. The innate fear-releasing mechanism of animals reacts only to certain alien species, while their own species affords no key stimulus to the fear-releasing mechanism. This question, so fundamental to human existence, can be answered only by an empirically unproved assumption. The fear-releasing mechanism of Man is not imprinted on alien, hostile species, and is therefore *biologically defective*.

This hypothesis casts a new light on a number of psycho-analytical facts:

(1) Some fears of early childhood are real fears in the Freudian sense. The persecution-anxiety of the so-called paranoid position represents a very primitive, archaic real fear, which we will designate as *archaic phylogenetic object-anxiety*.

(2) The task of the first ego-nuclei in this phase of development is to dispose somehow of this fear. Ultimately, the ego is faced with this task owing to the fact that Man's innate fear-releasing mechanism is *biologically defective*. Not only biologically relevant, but quite unspecific stimuli can release fear (as shown by the observations of Krätzig and Lorenz

recounted above). The origin of 'introjected objects', 'good' and 'bad' (persecutory) objects, that is, of 'ambivalence', will, perhaps, need to be newly interpreted, but I cannot go into this question here.

One question, however, I should like to touch on: that of the ontogenesis and pathogenesis of the ego development in the earliest phases. H. Hartmann (1952) speaks of two stages in early object relations: (a) the stage of the need-satisfying object, and (b) the stage of object constancy. These stages correspond to Klein's 'partial object' and 'total object' stages. The dissimilarity between the two classifications consists, according to Anna Freud (1952), in the fact that Hartmann gives most weight to the differences in the libido cathexis, and Klein to the differences in the objects. The chief characteristic of the need-satisfying (or partial) object is, that it loses its effect, it ceases to exist, if the instinctive need is temporarily removed. A similar dependence on need also characterizes the animal key stimuli (cf. Tinbergen, 1951). Further, the key stimuli are also 'parts' of the companion or mate which constitutes the object of the impulse. (The sexually attractive female stickleback entices by her swollen abdomen.) Thus there are many descriptive and functional conformities between animal key stimuli and human need-satisfying or partial objects. It would not be rash to interpret these conformities as *genetic relation*.

The idea of innate object representation is not quite strange to psycho-analytical thought (Fairbairn, 1946; de Monchy, 1952).

The assumption of such phylogenetic continuity may throw light from another quarter on some hypotheses concerning the earliest phases of ego-development.

These hypotheses are:

(1) The hypothesis of an 'undifferentiated' id-ego stage, which Freud first mooted in his *Outline of Psycho-analysis* (1939), and Hartmann, Kris and Loewenstein afterwards elaborated. Later, Anna Freud (1952) and Hartmann (1952), in their contributions to a symposium on 'The Mutual Influences in the Development of Ego and Id', call attention to a widespread misconception: namely, that there is a fundamental difference between the ego and the id, since the development of the id, or the impulses, depends on ontogenetical factors, being controlled by the activity of the genes. On the contrary, the ego develops

exclusively under the influence of 'reality factors', and is therefore the result of 'adaptation' and/or 'learning'. . . . The assumption of a primary non-differentiated ego-id brings the two main agencies in the personality structure nearer to each other again and leaves room in the ego for innate hereditary factors (Anna Freud, 1952, p. 46). The development of the ego is also dependent on hereditary factors controlled by the action of the genes. Hartmann calls these 'autonomous factors in ego development', and includes perception among them. The selective sensitivity to key stimuli, the IRM (innate releasing mechanism) is the sensorial part of the instinctive apparatus. In the baby the IRM is an organ of the undifferentiated id-ego. The schemata corresponding to the key stimuli detach themselves, in the course of development, from the id. They form the 'nucleus' about which the part- or need-satisfying objects organize. When the stage of object constancy is reached, they have detached themselves from the id (impulse), and transformed themselves into organs of the ego (introjected objects). The key stimulus-part-objects thus represent hereditary factors of ego development in the sense of Hartmann.

(2) As early as 1923, Freud propounded the assumption that the ego develops from the sensory crust of the id (especially the so-called 'Hörkappe', auditory lobe, which is turned towards the environment. We are now in a position to describe the nature of this sensory crust in some detail.

(3) Hartmann, Kris, and Loewenstein (1946) point to the special importance of object-relations for the development of the ego, and remind their readers, *inter alia*, of Spitz's observations. The imprinting processes of the animal, which I have described earlier, afford a biological parallel. They show the interaction of 'autonomous' (gene-controlled) and 'environment-controlled' factors of development. It is the genes that control the temporal appearance of critical phases during which imprinting processes occur. They determine (a) *at what time* (phase of development) and (b) *what is learned* at this stage. Tinbergen calls this phenomenon 'preferential learning'. It is the environment which can provide or 'refuse' the necessary situation (or the material) for this learning. In the case of the animal, the second alternative is, under natural conditions, likely to be rare: in the case of Man, it is probably very frequent.

(4) The temporal localization of the imprinting processes is probably connected with 'fixation' in the psycho-analytical sense and with 'phase-specific vulnerability' (Hartmann, 1950). It is not inconceivable that disturbances of the first imprinting processes in the child, during the establishment of the first object relations, may be a factor in provoking 'primary' disturbances of the ego in the sense of Hendrick (1951).

* * *

Let us now turn to the child's fear of strangers in its third three months. The key stimuli (= pre-objects, Spitz) of the foregoing phase have become human, libido-charged *part-objects*, and these include the face of the mother (and those of familiar persons). The part-objects have become specific and differentiated; not every human face is a part-object. The child discriminates between familiars and strangers. Accordingly, the indiscriminate smile has disappeared, and in this Spitz is right. The 'two-eyes-and-forehead' portion of the stranger's face has thus retroverted to the archaic key stimulus of the innate fear-releasing mechanism. This is the fear of strangers.

The fear of strangers in the third three months is, therefore, an archaic real fear (object fear), and not the fear of loss of an object. For this reason, it is felt even when the child is sitting on its mother's arm.

I therefore assume, in opposition to Spitz, that the fear of strangers is not released by a specific partial object, but on the contrary; because the child realizes that the strange face is not a part-object, he feels 'glared at' by the fear-releasing key stimulus (or pre-object). The specific part-object leads to the suppression of the fear and its diversion by the smile.

If my theory be correct, we come to the following seemingly paradoxical conclusion:

Of all animate beings, Man is the one in whose psychic life fear has the greatest significance. In him it is generally diffused, and may be released by biologically inadequate situations. *Man is so prone to fear just because he is least exposed by his environment to biologically real dangers.*

SUMMARY

My thesis is based on a series of concordances:

(1) The adult's fear, when combined with

passive body-destruction phantasies, the baby's first smile in its second three months, and its fear of strangers in its third three months (eight-months-anxiety) concord in being released by a definite visual Gestalt, that is, by the 'two-eyes-and-forehead' pattern. Its fears are not released by a definite object, and the smile is not directed to an object. For if the visual properties of the 'releaser' change—if one eye in the full face view is covered, or if the profile is turned towards the child—neither fear nor smile is released. It seems, therefore, that the visual configuration (Gestalt) and the emotional phenomenon are closely connected.

(2) Animal psychologists, especially the ethologists, hold that all instinctive modes of behaviour (such as sexual behaviour, care of young, hunting for food, hostility, search for resting place, excretion) are released—given the specific physiological readiness, that is, the need—by specific key stimuli. These are Gestalten in the sense of the Gestalt psychology, and in their construction, many sensory features of the object towards which the impulse is directed, although they are perceived, are not included. One key stimulus which is widely active in many spheres of the animal kingdom is the 'two-eyes pattern'.

I make the assumption—thus far unproved

empirically—that the *descriptive concordance* between (a) the fear- (and smile-) releasing Gestalt in the first year of Man's life and (b) the animal key stimulus is the expression of a *genetic relation* between the two. In particular, I assume that the human fear-releaser is a phylogenetic survival from the animal 'enemy schema'. This makes it possible to dispose of a weakness in Spitz's hypothesis concerning eight-months-anxiety. The fear of strangers is not the fear of object-loss, but an archaic real fear, released by a phylogenetic key stimulus (the 'enemy schema' of the ethologists). The first smile is the first mastering of the archaic real fear, through the enemy schema acquiring, in course of contact with the mother, a libido cathexis, and becoming a partial object. The first social reaction arises from the matrix of the animal instinct. Here we see at the same time how a phylogenetic inheritance is transformed in the course of individual development and used in a specifically human manner. I put forward the further (unproved) assumption that the pre-objects and partial objects of the first year of life are built up from key stimuli. Should this hypothesis prove correct, Klein's thesis of the schizoid—paranoid position could be newly interpreted.

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asleep, on awakening, and on insomnia and hypersomnia, is most welcome.

On the whole, Dr. Fliess 'remains more impressed by what Freud has not said than by what his disciples are saying', and this especially refers to 'bioanalytical' tenets about the nature of sleep. Discussing Grotjahn's paper on 'The Process of Awakening', Fliess arranges his comments under several headings, which he also applies to other authors. Some of Grotjahn's ideas, such as his description of 'ego feeling in the dream as part of reality and a decisive step in the process of awakening' are considered 'original' and 'astute'. Similar appreciation is given to Bertram D. Lewin, Lionel Blitzsten, Ruth S. and Kurt R. Eissler and their work. Other findings are grouped as mere 'rediscoveries' which need never have been discussed if their authors had been fully conversant with Freud's work. This applies also to Garma, for instance, who in his paper on 'The Traumatic Situation in the Genesis of Dreams' generalizes on an old finding of Freud and by doing so is persuaded that he has made an original contribution'. Under other headings are listed those points which are 'obscure' or, worse still, 'incorrect'. In some cases controversial points have been 'uncritically adopted by an author'.

In his general observations and remarks many valuable points are made and discussed. Dr. Fliess's advice that a sharp line should be drawn between the patient's and the analyst's associations to a dream is timely and far too often forgotten. He rightly reminds us that 'the analyst holds the key to the symbol, the patient to allegory and metaphor; if the former assumes the prerogative of the latter he is apt to replace the dreamer's thought with his own'. He also urges us to reduce 'the abuse of intuition in interpretation' by learning to distinguish the particular factors of dream work prevalent in a given dream.

Having, I hope, done justice to the abundance of important facts and material contained in this book, it only remains to point out one omission. Many small and comparatively unimportant papers have been discussed; yet no mention is made of Ella Sharpe's book on *Dream Analysis* (1937), which undeniably contains much original and basic work in this field.

In the reviewer's opinion Dr. Fliess's book is a most welcome addition to the psycho-analyst's library.

Hilda C. Abraham.

Psychosexual Functions in Women. By Therese Benedek, M.D. (New York: Ronald Press, 1952. Pp. 435. \$10.00.)

Freud wrote: 'We suppose that it (the id) is somewhere in direct contact with somatic processes and takes over from them instinctual needs and gives them mental expression.' Therese Benedek has attempted, probably for the first time, to obtain simultaneous information in human beings about

the three interconnected biological processes mentioned above. The results of this effort prove extremely rewarding.

The fluctuations in the somatic processes were assessed by the use of the vaginal smear technique. As is well known, changes take place in the vaginal mucosa during the menstrual cycle, which can be correlated with levels of gonadotrophic and ovarian hormones. A special method of recording patients' drives and phantasies during psycho-analytic sessions was adopted in order that a comparison could be made between changes in vaginal cytology and psycho-analytical observations. The two sets of observations were made completely independently, and it was found that predictions could be made with a high degree of accuracy. The results obtained have confirmed many psycho-analytical concepts and opened the road of investigation to new problems. As the author puts it: 'It is almost surprising how "natural" many of the earlier psycho-analytical concepts become when investigated in the light of hormonal regulation.' The book is too rich in all sorts of original contributions for survey in a short review. So only one point will be stressed here. It is that such work, if it can be repeated and developed further, must mark a very important date in the development of psycho-analysis. It means much more than the study of psychological factors in somatic illnesses. It means the possibility of studying essential fundamental biological processes in their relation to symbolical activity and behaviour, and *vice versa*. Studies attempting to correlate somatic processes with behaviour leaving out the mental expression of drives can never get anywhere near the complex truth. Only psycho-analysis can afford the means of studying phantasy life in its richness and changing complexity.

Much progress has been made in vaginal cytology since the date of publication of the original monograph which forms an important part of the present book. It may be that certain changes in the methods of assessment of hormonal activity used by the author may have to be reconsidered in the light of further work on the subject. However, fundamental principles have not changed. There is one drawback to the book. As it consists of a collection of papers relating to the same subject, there is an enormous amount of repetition. This certainly makes its reading rather difficult. But since it is not intended to be a treatise on psycho-sexual functions in women but rather the bringing together of the author's contributions to the subject, the conclusion can only be that this contribution of hers is a very important one.

T. H. Rey.

Psychoanalysis and the Occult. Edited by George Devereux, Ph.D. (New York: International Universities Press, Inc., 1953. Pp. xv + 432.)

In this volume the editor has collected all the

psycho-analytic papers dealing with paranormal phenomena that are based on the clinical or personal experiences of psycho-analysts. (The recent paper by Branfman and Bunker was presumably published too late for inclusion.) To these he has added an historical review by Eisenbud and two essays by himself, one on 'Extrasensory Perception and Psycho-analytic Epistemology', the other on 'The Technique of Analyzing "Occult" Occurrences in Analysis'. In making such a rigidly clinical selection, one which has involved excluding a considerable number of contributions to psycho-analytic parapsychology, he has clearly been influenced by the nature of his own interest in the subject, which is restricted to the relevance of telepathic occurrences between patient and analyst to the problems of transference and counter-transference. Although this standpoint is in a way evasive, since the genuineness or otherwise of paranormal phenomena is a question of great general interest and one to which psycho-analysis might well be expected to make a valuable contribution, it has none the less the merit of providing a restricted and therefore manageable framework in which to consider a problem which is peculiarly apt to elude definition. It also incidentally provides the editor with the opportunity to perform the remarkable *tour de force* of discussing in some detail the technical problems raised by paranormal occurrences in analysis and the psychopathological motivations of both 'sender' and 'receiver' without committing himself to a definite opinion as to whether such phenomena ever actually occur.

This volume must then be considered primarily as a contribution to analytical theory and practice and as a record of the views and experiences of those analysts who have been sufficiently impressed by apparent telepathic occurrences during their clinical work to report them and to attempt to find some explanatory hypothesis. It also includes papers by those analysts such as Schilder and Hitschmann who have been sufficiently impressed by the importance of the problem to report observations tending to show that such occurrences are explicable by hypotheses other than the telepathic one. Since most of the papers were written as independent contributions and each tends to argue the case for or against telepathy *in extenso*, the book makes tedious and repetitious reading if taken as a whole. This effect is enhanced by the fact that the editor has included all the eligible articles by the same author even if, as for instance in the case of those by Freud and Hitschmann, later articles include adequate summaries of material presented in earlier ones. As a result one is left with much the same feeling as one would have if one went to a restaurant and although provided with a superabundance of excellent ingredients, was expected to do the cooking oneself. The points that emerge clearly from Devereux's editing, viz., that paranormal occurrences cannot profitably be discussed without consideration of the analyst's mental processes and that no satisfactory criteria

exist for distinguishing between empathy and telepathy in the analytical situation, could have been better made by an essay reviewing the papers here collected. If, however, one takes this volume as a reference and source book, one must be grateful to the editor for having made easily available articles many of which, including one by Freud, were previously untranslated into English or were first published in journals that are not read as a matter of course by analysts. In addition to the two essays specially written for this volume by Devereux two others, by Gillespie and Rubin, are published for the first time.

Charles Rycroft.

Psychoanalysis as Science. The Hixon Lectures on the Scientific Status of Psycho-analysis. By Ernest R. Hilgard, Ph.D., Lawrence S. Kubie, M.D., E. Pumpian-Mindlin, M.D. Edited by E. Pumpian-Mindlin, M.D. (Stanford, California: Stanford University Press. London: Geoffrey Cumberlege, 1953. Pp. x + 174. Price \$4.25 or 34s.)

It is perhaps surprising that no bold person has as yet written a book with some such title as *Das Unbehagen in der Psychoanalyse*; for the discomfort or 'discontent' (how hard it is to find a satisfactory English equivalent of *Unbehagen*!) connected with psycho-analysis has all along been recognized as great and in recent years has taken on certain new qualities or aspects. At first it was chiefly connected with the embarrassing aspects of psycho-analytic revelations and theories concerning sexuality. At the conscious level these have now been largely overcome, and among the intelligentsia of many countries at least it is hardly respectable to raise objections on this score. Corresponding to the change of emphasis in psycho-analysis itself, resistance is now directed to psycho-analytic views concerning aggressive impulses, especially in children, and (as Ernest Jones has recently reminded us) the combined repulsion and incredulity which many feel about Melanie Klein's findings in this sphere are in some ways very similar to those felt concerning Freud's earlier work on infantile sexuality and sexuality in general. A third source of embarrassment concerns the scientific status of psycho-analysis, and therefore the reliability of its findings and the adequacy of its theoretical concepts. Freud himself and many of his followers have often felt some misgivings on this score, while outsiders from other scientific fields, endeavouring to approach the subject with unbiassed mind, have been constantly struck by the contrast between the immense interest and importance of psycho-analytic formulations, if correct, and what seemed to them the elusiveness on which they rested when judged by the standards of the more exact sciences. This has given rise to the cynical notion, voiced from time to time, that what was really significant in psychology had not been proved, while what had been clearly demonstrated was either already known by common sense or else

was relatively trivial and superficial. This kind of *Unbehagen* found expression in the British Medical Association's inquiry concerning psycho-analysis in the 1920's, and in America was dealt with in the chapter on psycho-analysis in *Psychologies of 1930*, perhaps the first time that psycho-analysis was accorded full status as a 'school' of psychology by 'academic' psychologists. In more recent years the same problem has been treated in an increasing number of books, articles, and discussions by more or less friendly critics who have approached the subject from the standpoint of philosophy, logic, and scientific method, and who have clearly suffered from the same embarrassment caused by the apparent discrepancy between significance on the one hand and amenability to strictly scientific proof upon the other. One of the latest and most important manifestations of this tendency is to be found in *Psychoanalysis as Science*, the printed report of the Hixon Lectures 'On the Scientific Status of Psycho-analysis' delivered at the California Institute of Technology in 1950 by a psychologist and two psychiatrists, all of them eminent in their own fields, friendly to psycho-analysis, impressed by its importance, and desirous of a closer rapprochement between psycho-analysts and fellow-workers in adjoining fields.

As Dr. Pumpian-Mindlin, who acts both as editor and contributor, reminds us, we must not expect too much. Psycho-analysis started as, and still is in many of its aspects, a branch of medicine, and all medicine is part 'science' and part 'art'. In dealing with the psychosomatic troubles of human beings (and in all complaints there is a psychic factor, as part-cause or part-effect or both) the variables are so many that actual treatment of a patient cannot be reduced to completely scientific terms, and since in psycho-analysis 'science' and 'treatment' are combined, the same is true of the findings which are utilized as the factual foundations of psycho-analysis as a 'pure' discipline. Furthermore, we have to allow for the fact that psycho-analysis concerns itself with just those emotional and irrational factors which other sciences seek to exclude, and the attempt to apply logical thought to these non-rational factors may reasonably be expected to raise special difficulties. It is admitted that psycho-analysts in their very legitimate preoccupation with a new and exciting field have sometimes tended to forget (or at least write as though they had forgotten) that the conscious mind is also of importance, and thus oversimplified the problems of psychology (however complex and tangled the unconscious itself may be). Indeed the view taken in these lectures is that psycho-analysis is or should be concerned, not merely with the unconscious as such, but also with the relations between this and the conscious rational mind, in fact with the relations between 'the two principles in mental functioning'. Every mental state and every bit of human conduct depends partly on

unconscious and partly on conscious factors (though of course in very varying proportions) and it is the task of psycho-analysis to show the nature and influence of unconscious factors in any given case. 'Psycho-analysis', says Dr. Kubie, 'is the art and science of interpreting human experience in terms of the confluent interplay of conscious and unconscious processes' (p. 99)—a definition with which perhaps not every psycho-analyst will agree, but which has at any rate the advantage of emphasizing the many variables (largely due to fixation and overdetermination) which have to be taken into account in any explanation or prediction of psychological events—a theme which constantly recurs throughout the book. This vast complexity makes it difficult or impossible for psycho-analysis—and with it all the human disciplines—to become an exact science.

Psycho-analysis can only be called a science if we are willing to accord scientific status to a field which can only deal with its material in terms of multiple variables' is the modest, but surely correct, conclusion of the whole argument. This multiplicity of variables also, it is suggested, accounts for many of the disagreements between psycho-analysts, who naturally seize upon and emphasize particular determinants among the many that are at work.

Nevertheless, however special may be the position of psycho-analysis and whatever the allowances we should make in virtue of this position, the urgent question remains: Can anything be done to improve the validity and reliability of its interpretations, to test them both in and outside the field of psycho-analysis itself? This book contains a fairly full account of the now very considerable number of observations and experiments which have been made with the direct aim of corroborating, disproving, or correcting psycho-analytic formulations, or which otherwise owe their inspiration to psycho-analysis, and—especially if read in conjunction with some of the papers recently published in the 1953 Supplement to this JOURNAL (particularly those of Russell and Masserman)—enable the student to form a very adequate idea of the extent and value of this new branch of research, which starts in an earlier review called 'experimental psychoanalysis', but for which Dr. Hilgard prefers the title 'experimental psychodynamics'. Some of these researches, dealing with human subjects, often making use of hypnosis and/or the interpretation of dreams or symbols, are certainly impressive, so far as they go. Hilgard himself seems to attach particular importance to Blum's 'Blacky Test', in which human conflicts can be projected into pictorial representations of situations in a dog family (Blacky, the son or daughter, Mama, Papa, and Tippy, a sibling). In two experiments, out of 23 'predictions' based on psycho-analytic theory, 22 results were in the expected direction, and even the one 'failure' can perhaps be explained on the basis of a cultural difference between Europe and America. The production of temporary 'microneuroses', as practised for instance by Luria (p. 440) and Keet

(p. 36), both making use of the word association test, are also highly suggestive. Keet's simple and ingenious experiment, which utilizes the process of retroactive inhibition to enable the repression of disagreeable ideas to manifest itself, is especially valuable, since it requires neither hypnosis nor elaborate apparatus (with the complications which these are liable to introduce) and lends itself readily to repetition. It also fulfils the other desideratum of such experiments, which Hilgard stresses, that they should if possible not merely confirm (or correct) psycho-analytic findings, but should provide some significant addition to our knowledge; in this case the experiment brings striking evidence of the superiority of an interpretative over a merely permissive or "expressive" technique (of the kind introduced by Carl Rogers) in removing amnesia due to repression—at least in this particular laboratory setting. In quite a different direction lie the attempts to test psycho-analytic findings as regards the clusters of anal (Sears) and oral (Goldman) character qualities. As regards Goldman's work, Hilgard does not mention that she also provided confirmation of the correspondence of 'oral' character qualities to early feeding situations in the way previously suggested by Abraham and Glover—a confirmation which is in striking agreement with the evidence (reported in the book) from anthropology (Róheim and Mead) and from animal experimentation (Hunt and others).

As regards the relevant animal experimentation in general—which in its origin owed much to a fruitful confluence of the work of Freud and Pavlov—the authors are somewhat cautious and non-committal as regards the directness of its bearing upon psycho-analysis. Animals, it is pointed out, do not possess language, and form, if any, only the most rudimentary of concepts. In man the gratification of simple (instinctual) urges nearly always subserves at the same time certain more complex and symbolic ends. Does this kind of overdetermination and symbolism occur in animals at all? And, connected with this, how far, if at all, does there exist in animals that striking difference between the unconscious illogical and the conscious rational aspects of the mind which, according to the definition of psycho-analysis here adopted, forms the essential field of psycho-analytic inquiry? Such caution is, no doubt, very much in order. On the other hand, the similarity revealed by quite a number of experiments (with different observers and different kinds of animals) between the behavioural aspects of human and animal neuroses, in the manifestations of the various mechanisms which psycho-analysis has shown to be operative in neuroses (displacement, fixation, regression and the like), and quite generally in 'behaviour under stress', must surely make us feel that this work with animals provides at once both a very striking vindication of the fundamental correctness and deep biological significance of psycho-analytic formulations and a strong case for further intensive

study of the similarity and difference between men and animals in the light of all the remarkable data which 'experimental psychodynamics' is providing.

And yet the 'discontent' among the writers of this book persists, and is no doubt a healthy sign, stimulating, as it should do, psycho-analysts to make efforts to introduce greater scientific precision into their own work where this is possible (Glover's pioneering efforts in this direction are, somewhat strangely, never mentioned) and to seek help from other quarters where this may be beyond their powers. 'Anyone', says Hilgard, 'who tries to give an honest appraisal of psycho-analysis must be ready to admit that, as it is stated, it is mostly very bad science, that the bulk of the articles in its journals cannot be defended as research publications at all'; though he goes on to say that in spite of this 'much may be learned from these writings'. Even Dr. Kubie, speaking as a practising psycho-analyst, voices a corresponding dissatisfaction when he says: 'For twenty years I have been spending ten hours a day in a process which is at once perplexing, confusing, enormously stimulating, exciting and provocative. Many times during these years I have had an intimation that something of enormous value lay just beyond my vision hazily outlined in the accumulating data on human life'. Private practice, he suggests, was essential to psycho-analysis in its early days; but it is not the best milieu for research and 'it will ultimately destroy psychoanalysis if it continues to be the exclusive or predominant field of psychoanalytic activity in the future'.

The solution here offered is that of closer collaboration between psycho-analysts and others. Kubie himself looks forward to the foundation of a 'Research Institute in Psychoanalytic Psychology', in which a host of problems (many of which are here enumerated) will be investigated by psycho-analysts, biochemists, biophysicists, neuro-physiologists, cultural pharmacologists, clinical psychologists, anthropologists, biostatisticians and others, in (where necessary) sound-proof, air-conditioned, temperature-controlled rooms with one-way mirrors, infra-red photographic apparatus and electrophysiological equipment of the most varied kind. This, he admits, is 'a dream of the future', but it is clear that, according to this view, the isolated psycho-analyst is nearing the end of his tether, so far as psycho-analysis as a science is concerned. Time and again in the course of his lectures Dr. Kubie appeals to his colleagues in other disciplines for help in the work of validation and evaluation of psycho-analytic findings (giving in this connection a very interesting series of interpretations of very varying degrees of cogency, ranging from the very obvious to the highly speculative). The field that Freud first opened up as a solitary worker in the Berggasse has now become so wide, has made contact with so many other territories, and has revealed so many problems, that it will require

almost the whole gamut of human scientific knowledge and equipment for its proper cultivation. Psycho-analysts may well be proud of what they have accomplished, but at the same time must realize that they can no longer carry on their task alone.

Such seems to be the verdict of this investigation. If accepted, it may mark the end of an epoch. Scientists in other fields must accept the challenge presented by the findings of psycho-analysis, in order both to give and to receive; and psycho-analysts on their part must abandon such isolationism as may have persisted from an earlier period when they had perforce to work alone. The practical implications, as they affect the policy of psycho-analytic and other scientific bodies, have yet to be worked out, though they may fruitfully become the topic of very serious discussion in the next few years.

J. C. Flugel.

Cerebral Mechanisms in Behavior: The Hixon Symposium. Edited by Lloyd A. Jeffress. (New York: John Wiley & Sons; London: Chapman & Hall, 1951. Pp. xiv + 311, 52s.)

Design for a Brain. By W. Ross Ashby. (London: Chapman & Hall, 1952. Pp. x + 260. 36s.)

Mind, Life and Body. By Reginald O. Kapp. (London: Constable, 1951. Pp. xviii + 196. 12s. 6d.)

The *Hixon Symposium* consists of a number of papers given to a small distinguished group together with the recorded discussions of them. It thus resembles the published discussions of cybernetics that have taken place of recent years in the United States. It is concerned broadly with the same theme, but it is much the most important volume of its kind.

Professor von Neumann opens with an excellent account of electronic computers, showing what we may reasonably expect to be able to do with them. He discusses, for instance, the conditions in which an automaton could reproduce itself. On the whole, interested though he is in the analogies between computers and organisms, he is more concerned here to point out certain significant differences. Professor McCulloch follows with an interesting treatment of the analogies between computers and the central nervous system, with the aim of showing that anything operating according to the principles of the digital computer is necessarily able to do such things as remembering. (He does not, unfortunately, make it explicit that he is referring not to memory itself but to the mechanisms that are the physiological counterparts of memory; and his title, 'Why the Mind is in the Head' seems to have little connexion with his subject.) Professor Lashley then gives an admirable paper entitled 'The Problem of Serial Order in Behavior'. The organization of many phenomena that take a certain length of time to develop, such as uttering a sentence or trotting on four legs, he argues, cannot be explained in terms of successions of external stimuli. There are almost no physiological explanations for these

neglected phenomena. There is one theory which asserts that 'verbal' thought is a single chain of central processes in which each element serves to arouse the next by direct association' (p. 115). Professor Lashley points out that this is inadequate, because the thought depends on wider associations than those linking the words in the spoken sentence. Does the determinant of order lie, then, in the intention to act or the idea to be expressed? The facility with which the polyglot expresses an idea in several languages, without translating, is evidence against this; for each rendering is unified by something more than the intention or idea. Professor Lashley therefore believes 'that the mechanism which determines the serial activation of the motor units is relatively independent, both of the motor units and the thought structure' (p. 118). Supporting evidence comes from slips in writing and speaking. (Incidentally it is interesting to find that, according to the author's experiments, 'in silent thinking the tongue usually drops to the back of the mouth and shows no detectable movement' (p. 121).) The essence of the problem lies in accounting for the 'generalized pattern or schema of interpretation which may be imposed upon a wide range and a wide variety of specific acts' (p. 122). Sensory control is ruled out by various considerations such as that it would be too slow. Further, removal of one leg of a dog or insect leads to spontaneous alteration in the order of stepping. This is inexplicable in terms of any of the older ideas. Other interesting facts are those in which spatial orientation is preserved no matter how the body may be moved or rotated. The task of explaining rhythmic action clearly comes under the same heading. Again spatial properties are often interpreted through some temporal order; even in vision there is rapid scanning. He thinks it possible that scanning a spatial arrangement may sometimes be the determinant of order, which presupposes that 'memory traces one association, not only with other memory traces, but also with the system of space coordinates' and that 'these space characters of the memory trace can be scanned by some other level of the coordinating system and so transformed into succession' (p. 129).

This is an impressive list of significant phenomena in search of an explanation. Professor Lashley goes on to provide evidence that the neurones in the central nervous system are always active and that each is involved in thousands of different processes. This is in conformity with the hypothesis that temporal organization is a matter not of the elements organized but of some extraneous factor.

These three papers occupy half the book and should not be missed by anyone interested in the development of neurophysiology. They must have been startling in their impact when the group met to hear them in 1948, though by the time the volume appeared their novelty had worn off, and one could even say that they contained no large-scale new ideas. None the less they must remain valuable for the

interesting detail they contain and for being the best presentation there is of certain ideas in a field where the writing tends to be bad.

The remaining papers and discussions, though important, are less striking because much of the subject-matter consists of recent plugs to old gaps in our knowledge. Professor Klüver makes a notable contribution on 'Functional Differences between the Occipital and Temporal Lobes' arrived at through lobectomy of monkeys. A result that should be noticed by all psychiatrists is that when a monkey died, nearly seven years after the extirpation of her temporal lobes, new haemorrhages and adhesions were found in the abdominal cavity. The author adds, 'At a time when thousands of human patients are about to be lobotomized, lobotomized and gyrectomized, the possibility should be kept in mind that surgical procedures on the brain may initiate processes which lead to extracerebral pathology one-fourth of a lifetime later' (p. 165). Professor Halstead discusses the physiological brain correlates of intelligent behaviour. Professor Köhler discusses 'Relational Determination in Perception'. He shows by psychological experiments that a medium under visual inspection becomes 'satiated', i.e. that part of the visual field alters in structure in relation to the rest. He holds that there must be a physiological correlate of this phenomenon, which would consist of electric potentials spreading through the brain in a continuous way (p. 211), and he attempts to test this idea by purely physiological means. At the end of the Symposium, Professor Brosin summed up appropriately from the viewpoint of a clinician.

This notable volume and other work in the same field raises anew the question of the limits respectively of neurophysiology and of psychology in the explanation of behaviour. It is obvious from this work that more can be explained physiologically than used to be supposed. We turn now to a recent systematic treatment of this theme.

In his important book Dr. Ashby sets out to give a general theory of stability which would hold for all systems whether physical or organic. This is in answer to his problem: to find the source of the nervous system's capacity to produce adaptive behaviour. He deliberately gives himself the task of explaining how adaptation can be explained mechanistically. The exposition, written with admirable lucidity, takes about 200 pages, and a 50-page appendix is devoted to the various branches of mathematics on which the theory depends. This is an excellent arrangement, for, while the appendix is most valuable, the theory can be understood without it.

Naturally feed-back mechanisms play a large part. A single negative feed-back, however, such as exists in a thermostat, can exercise only a limited control and cannot suffice to keep a system stable against interference from the environment. Dr. Ashby is therefore concerned to find the conditions that are

sufficient to enable the system to find a new adaptation. Such a system Dr. Ashby calls 'ultrastable'. An ultrastable system is achieved by including in it sufficient mechanisms, which he calls 'step-functions'. (Since a step-function is a mathematical representation rather than what is represented, I will substitute the term 'step-mechanisms'.) Such mechanisms provide continuous variation for a while followed by sudden change, and the 'step' is taken when the continuous variation approaches a dangerous limit. Thus the bladder fills continuously and then at a certain point a mechanism is brought into operation to empty it.

This brief account may give the faulty impression that Dr. Ashby is only giving a name to what we all know, namely that organisms have some mechanism or other for adaptation. On the contrary he provides a genuine theory about such mechanisms and their mutual effect. Indeed at the psychiatric hospital, Barnwood House, where he is director of research, he is building a machine that will embody all the principles he believes are required in order to produce adaptive behaviour. Thus his procedure is certainly the scientific one of inventing a general theory and then investigating to see whether organisms do in fact behave in accordance with it. Here one small criticism of his otherwise accurate writing might be made. He speaks of 'deducing' his theory from the facts. This is the Sherlock Holmes sense of 'deduction' which is hardly ordinary English and is certainly not the sense in which the term is used in logic, mathematics, science, and metascience. But what Dr. Ashby does, as contrasted with his description of it, is one of the well-recognized procedures of science. It is possible, however, that his use of 'deduction' has misled him into thinking that his theory is not only *sufficient* to explain adaptation, in which he is almost certainly right, but also *necessary*—the only possible explanation. But, like any other theory, it cannot be the only possible explanation; we can never know that of any theory. Still, his is an excellent theory and we may not need to look further.

The power of his theory is seen in what he can do with it. He shows that a 'fully connected system', i.e. one in which a change in any one factor has repercussions on every other factor, would adapt too slowly for practical purposes; and certainly the human organism does not appear to be of this type. On the other hand, in an 'iterated system', i.e. one in which there are sub-systems that are relatively independent, adaptation could take place at a reasonable speed; and the human organism does appear to be of this type. Moreover, it is easy to introduce a modification: we can have sub-systems of an iterated system that are independent of one another for a time and then interact with each other. This is done by mechanisms represented mathematically by 'part-functions'; since it is unsatisfactory to speak of the sub-systems themselves as part-functions, we may speak perhaps of 'disengageable

sub-systems'. The importance of this modification is that not only does it make a system more like the human organism but it facilitates adaptation.

Further, Dr. Ashby derives a striking account of habituation. From the theory of ultrastability it follows that the response to a repeated stimulus will tend to diminish: 'large responses tend, if there is feed-back, to destroy the conditions that made them large, while small responses do not destroy the conditions that made them small' (pp. 151-2). Thus 'habituation' is predicted by the theory.

There are also other consequences of the theory, but these examples must suffice. The significance of it will be discussed below.

These two volumes have the same tendency: to explain the adaptation of organisms in terms of the mechanisms of control that are now widely used by engineers. It is of special interest, therefore, to turn to the work of an emeritus professor of engineering who takes a very different view.

In *Mind, Life and Body*, Professor Kapp, like the authors already discussed, offers something new and offers it in a new way. He sets himself a modest goal: not to provide answers or to put forward theories so much as to ask appropriate questions and to ask them clearly. It is only superficially true that he offers no answer or theory, for his questions are all asked in the light of a theory, however tentatively suggested. Though not new in conception, the theory is new in that it has never previously been worked out with close attention to the task of showing how it can do the work of a theory, namely explain something. And the method of questions, though it has its famous precursors, e.g. in Newton's *Optics*, is novel in that the author proceeds not by asking a question and then discussing it but by refining his question until it is in itself clear and, more striking, capable of being answered by a simple 'yes' or 'no'. It is interesting to see how well this method works, though the credit should probably go not to the method but to the author. His book is perhaps the best theoretical work on the mind-body problem ever written from a standpoint that takes the mind seriously.

Professor Kapp denies that 'the behaviour and the structure of living bodies depend only on the unaided action of matter on matter' (p. 13), and holds that something non-material controls our material bodies. By 'matter' he means what has location in space and time, and by 'non-material' he means what lacks such location. Thus his question comes to be: 'Do things that lack location ever act on things that have location?' (p. 23).

At this point he introduces his few technical terms into his otherwise simple English. These terms may well be found forbidding. Yet they are apt. Anything non-material which guides, selects, discriminates, or in a broad sense exercises control, is called a 'diathete'; the process of control is called 'diathesis'; any mechanism that is controlled at

least in part by a diathete is called a 'diatherne'; and anything not so controlled is called an 'adiathetous' configuration.

A diathete is a member of the famous family consisting of vital force, *eentelechy*, *élan vital*, and the like. But Professor Kapp is not simply refurbishing vitalism. Doctrines like vitalism are to be rejected not because they contain something mystical, but because they fail as explanations. Gravitation is every bit as mystical as vital force. The difference is that the one has explanatory power and the other has not; it is possible to see how the one explains and the other not. This being accepted, we could say that Professor Kapp is refurbishing vitalism—but he is doing so with the scientist's eye on part at least of what is required of an explanation. Leucippus and Democritus had an atomic theory that lacked the explanatory power of Dalton's; but Dalton was not returning to myth in proposing his theory; nor is Professor Kapp. This is not to say he has shown that 'diathete' has all the marks of a scientific concept, but he has gone some distance in this direction. In fact he has not set himself the whole of this task. He is concerned largely with the formidable difficulty 'that no one has yet succeeded in reconciling belief in non-material influences either with elementary mechanics or with the principle of conservation of energy' (p. 47) and to show that the concept of diathesis enables us to reconcile them. To do this he uses admirable 'earthy' illustrations. To move a heavy casting on to a truck by means of a crane in a foundry requires both energy and control. The path for the energy is from a source unknown to the sun, forest trees, coal, boiler house, turbine and switch house, cables to foundry, and then, subject to diathesis, to crane motors and the casting. The path for the diathesis is from a source unknown to craneman's brain, craneman's motor-nerves, craneman's hands, switches in control cabin, copper wires, electromagnets that operate contactors and enable the energy from the boiler house to flow through the foundry cables into the crane motors and on to the casting. (He points out, of course, that a diathesis is involved not only here but also at the coal mine, also at the boiler house, and so on.) The transmission of diathesis requires operating energy—as distinct from the energy operated upon, i.e. the controlled energy. The latter is directed by the former by means of a relay, which is a standing engineering mechanism. Relays are in cascade when diathesis and one relay operate on one lot of controlled energy so as to provide diathesis and operating energy for a second relay which operates on a second lot of controlled energy and so on. By having relays in cascade it is easy to control vast amounts of energy by a minute amount of operating energy. This means that if there is diathesis operating on the brain, very little operating energy would be required to operate the central nervous system and consequent behaviour of the body. The author goes on to point out that neurophysio-

logical mechanisms do in fact seem to work on the principle of relays—with which the more automaton-minded authors already discussed would in principle agree.

Finally, Professor Kapp faces the difficulty of the primary relay. There has to be a first relay, and it is hard to see how a diathete directs the operating energy. He makes some interesting speculations about this and he would be the first to agree that they are highly tentative. One of them is that diathetes operate by determining the time at which energy shall be transferred. This tentative suggestion is all the more striking if one recalls Professor Lashley's problem and the solution he proposed. Here two thinkers who would be seriously opposed are at one. Professor Lashley says the solution may lie in considerations about time but he does not know what these are. Professor Kapp says he knows something about them—that they are diathetes. (In watching Professor Kapp grappling with the difficulty of the first relay one is reminded of Descartes' similar struggle to answer Princess Elizabeth's pointed questions about how the mind could move the body.)

The combination of boldness, sense of reality, and lucidity in Professor Kapp's work commands one's admiration. This is not to say there is no room for criticism or development. For instance anything that has no location is, according to him, non-material; this might have the consequence of making kinetic energy or an electric field a diathete. This sort of point would need to be settled, but it would probably turn out not to affect the theory fundamentally. More important is the question whether for the hypothesis of diathetes with operating energy controlling other energy a test could be found independent of the purpose for which the hypothesis was framed. If such a test could be found and satisfied, Professor Kapp's hypothesis would be in an overwhelmingly strong position.

Here confronted, then, are two opposing sets of ideas presented in a masterly manner in these works. No one who is interested in the adaptation of the organism could fail to find the first two books valuable and stimulating. No one who is prepared to believe that in some sense or other there are minds that influence bodies can afford to overlook the third book. The first two virtually claim that the mind has no rôle: in fact in *The Hixon Symposium* we read 'Our common meeting ground is the faith to which we all subscribe, I believe, that the phenomena of behaviour and of mind are ultimately describable in the concepts of the mathematical and physical sciences' (p. 112); the last claims that, though not the only determinant, the mind has a decisive rôle. Where does the truth lie?

Certainly an organism is not dominated by blind forces which are continually prevented from producing chaos by a mind that wisely directs them to a state of adaptation; all the work typified by *The Hixon Symposium* and Dr. Ashby's theory shows that such a conception is naive and untenable. But it

goes much further, for it implies—and indeed sometimes asserts—that minds have no independent rôle. The rigour of Dr. Ashby's work and the power of his theory might seem to leave no loophole for minds or for diathetes; for adaptive behaviour can, on this theory, be explained without such a controlling factor. On the other hand if there are diathetes, if diathetes form part of organic structure along with matter, if, as Professor Kapp would put it, there are structures that are diathemes, this might seem to undermine the whole of Dr. Ashby's thesis.

Are these two views simple alternatives of which we must choose one or the other? Dr. Ashby's theory provides for a certain sort of adaptation which might be described roughly as 'passive', but does not include 'active' alteration of the environment as part of the process of adaptation. No doubt Dr. Ashby would have little difficulty in taking account of this. But there is an activity of human beings, and probably of animals, that his theory seems to leave no room for: human beings continually interpret what is going on around them; and interpretative activity would seem to be a significant factor in determining behaviour. For this reason, among others, if we were faced with a simple choice, we should have to follow Professor Kapp (indeed the belief that mental phenomena can be explained in terms of the physical sciences would appear to be a 'counter-myth' developed as a reaction-formation through fear of believing in myth).

For once, however, we do not seem to be in the position of having to make such a choice and thus have to give up an alternative that has much of value in it; for there appears to be an answer that is simple in it; for there appears to be an answer that is simple in general outline: namely that a diathete, though fundamentally different in kind from a bit of matter, gives rise in conjunction with it to an adaptive system; in other words that Dr. Ashby's theory of adaptation can be given a completely general interpretation and need not be restricted to material systems, so that it would not be falsified by including diathetes within the systems he deals with. The development of this would of course have certain obvious difficulties—neither Dr. Ashby nor Professor Kapp would be satisfied with it—but it would take too much space to discuss them here. Suffice it to say that we have three excellent works which give us at least some of the strands necessary to produce a unified theory.

J. O. Wisdom.

The Science of Mind and Brain. By J. S. Wilkie. (London: Hutchinson's University Library, 1953. Pp. 160. 8s. 6d.)

This is a very good elementary book on brain physiology. It contains little about the mind. Analysts may be expected to be highly interested in all aspects of the human body. This book should therefore be of value to them, or rather to lay-analysts who want a fresh and up-to-date bird's-eye

view of the subject. To the doctor also it has something to offer if he has not kept up with recent developments in physiology.

J. O. Wisdom.

Instincts of the Herd in Peace and War. By Wilfred Trotter. (London: Oxford University Press, new ed. 1953. Pp. 218. 25s.)

To those who are familiar with this wartime book only through Freud's complimentary as well as critical references to it in his *Group Psychology and the Analysis of the Ego*, it may seem surprising that it should now merit republication in even fuller form than when it originally appeared. In 1917 (a year after publication) and before America's entry into the war, it was given a long and favourable notice by Dr. William A. White in the *Psychoanalytic Review*. For a proper appreciation of the scientific value of this book, we, too, should adopt his neutral attitude to its avowed albeit secondary aim of explaining the warmongering character of the German nation. What remains is a storehouse of brilliant and stimulating inferences, leading to curiously faulty conclusions. For instance, Trotter's postulation of a 'gregarious instinct' may be quite wrong, but his working through of its modes of operation is descriptive of much that still awaits clarification in our theory in regard to the ego-ideal and the superego. When one combines this subject-matter with his plea that the otherwise much praised new discipline of psycho-analysis gives too little due to the repressing forces which successfully vanquish unwelcome instincts, he provides a remarkable forecast of the redresses still being made in metapsychology.

That this book on sociology, written by a distinguished surgeon for the lay public, should still call for republication is the most practical proof of its intrinsic value.

Augusta Bonnard.

The Life and Ideas of the Marquis de Sade. By Geoffrey Gorer. (London: Peter Owen Ltd., 1953. Pp. 241. 15s.)

This is a revised and enlarged edition of a book first published in 1934. In the meantime a good deal of new material has been unearthed about the Marquis de Sade and his literary works which makes the new edition very well worthwhile, and it is of the greatest interest in spite of the fact that a very important publication by Gilbert Lély was not available to Mr. Gorer when revising his book, and he was only able to point out in a postscript that some of his conclusions have to be qualified in the light of the new evidence. As possibly Mr. Lély, who has recently been given permission to use the archives of the de Sade family, will publish further important material, some of Mr. Gorer's conclusions may need further revision.

De Sade is usually depicted as a cruel roué, with deep-set eyes and hollow cheeks; in fact, as Mr.

Gorer shows us, he was anything but that. According to two independent, official, kind of passport descriptions, he was a short, fat man, 5 ft. 2 in. tall, with thin, greyish-blond hair, a high forehead, a small mouth, round face, pale blue eyes, and average nose and chin. Moreover, poor M. de Sade was an unsuccessful man all his life. He always chose the wrong enemies. Under Louis XVI he was held prisoner in the Bastille, from where he was set free only a few months before it was stormed. During the revolution he was imprisoned in the Picpus, and finally Napoleon put him into a lunatic asylum, the form of concentration camp of that epoch. There he died in 1814, at the age of 74—having spent more than 28 years of his life in various prisons—fat, 'almost blind, suffering from gout and rheumatism in chest and stomach', as he himself wrote in a letter addressed to Napoleon in which he asked for his pardon and release.

Although Mr. Gorer tries to be lenient about his pathological condition, it is obvious that in the first instance de Sade was severely obsessional, completely engrossed in complicated numerical systems, which seem to have dominated both his behaviour and his imagination. Further characteristic features are his constant preoccupation with money and shady financial affairs, especially cheating in connexion with income tax. Moreover, we have convincing proof of at least two of his homosexual affairs, both with people below his rank and in his pay. On the other hand there is no evidence of any friendly relation to a man of his own standing; on the contrary, he always succeeded in rubbing men in power up the wrong way and making them into his bitter enemies. In fact he seems to have been at least a borderline case of paranoid schizophrenia, who at times perhaps even suffered from acute hallucinations, mainly of a persecutory nature.

His relations with women were equally curious. His arch-enemy was his mother-in-law, Madame de Montreuil, who obtained *lettres de cachet* from both Louis XV. and Louis XVI against him, bribed his lawyer, set the police on his trail, which led to his final imprisonment, and, after many years of struggle, succeeded finally in alienating her daughter from him. When she was tried by the revolutionary tribunal in 1793, de Sade, who, by an irony of fate happened to be the president of the tribunal, tried his best to prevent the passing of the death sentence. He was unsuccessful, but immediately after was himself imprisoned for being suspiciously moderate in his views.

Although he does not seem ever to have been in love with his wife, Renée, and was hardly ever faithful to her, she stood by him even after he had seduced her own sister and eloped with her to Switzerland. It was only after many years of hard pressure, especially from her mother, that she gave up her husband and retired to a convent. In fact, women as well as men seem to have been either his sworn enemies or his devoted friends, who supported

him however badly he treated and humiliated them. All this is in agreement with the diagnosis quoted above.

Mr. Gorer discusses at length de Sade as a writer, philosopher, and theoretical politician, but for the sake of brevity I have to pass over all these highly interesting topics and confine myself to the discussion of de Sade's views on sex and especially on sadism.

He expressed surprisingly correct views on the overwhelming importance of sex, on the rôle of infantile sexuality, on the effect of early environmental influences on the form of sexuality in adults, on the dynamism of passion, and so on. On the other hand, he thought that all perversions were congenital, which is obviously erroneous; but if we substitute 'perverse tendencies' for 'perversions', this statement will appear as a forerunner of the theory of the component instincts. According to Mr. Gorer, de Sade compiled an amazingly rich list of perversions, partly on the basis of his historical studies, but mainly on the basis of his own experience and imagination; a list which, again according to Mr. Gorer, is much more complete than those of either Krafft-Ebing, or Havelock Ellis, or Kinsey. To show the depth of M. de Sade's insight into the psychology of sexuality, I quote him: 'The greatest pleasures are born from conquered repugnances', a thesis which finds an almost unqualified support in our clinical experiences.

De Sade's writings impressed the world so much that, following Krafft-Ebing's proposal, a term for cruel-sexual practices was coined from his name. Mr. Gorer is, however, able to show that this is unjust and erroneous. According to him, sadism as described by de Sade is 'the pleasure felt from the observed modifications of the external world produced by the will of the observer'. It is only because pain and destruction are easier to cause and more spectacular in their effect that de Sade described mainly these activities of his characters, that is to say, he portrayed his hero not as a man 'as he is or pretends to be, but as he can be when influenced by vice and passions'. It was in this way and because of his pessimistic view of human nature that he made destructive sadism far more common than constructive. Mr. Gorer is quite right when he points out that many other works, including the famous Book of Martyrs by Wright, described similar tortures and cruelties; what differentiates de Sade from them all is that his characters do not excuse their actions by any religious, political, social, or legal pretences. Their actions are described with an almost objective accuracy and their hidden pleasure-seeking motives are openly discussed. This difference may explain why all authoritarian rulers, from Napoleon to Hitler, have persecuted and condemned de Sade's writings with a vigour and consistency not bestowed on any others.

According to de Sade, the wish to dominate and the bent to cruelty are innate. I quote: 'the child breaks his rattle, bites his nurse's breasts, kills his

pets, long before he reaches the age of reason. Cruelty is instinctive . . . is nothing else than man's energy uncorrupted by civilization'. De Sade even goes further and analyses to some extent what changes this innate instinct to cruelty into wild, uncontrollable passions. If I understand Mr. Gorer's description, the main factor is un-understanding education which, by unnecessary frustration, represses the original cruelty and changes it into passion.

Lastly, I wish to point out two aspects which have perhaps escaped Mr. Gorer's searching analysis. One is the almost complete absence of any remorse, guilt feelings, or reparative tendencies in his heroes and heroines, on the one hand, and on the other the surprising fact that quite a number, I would say almost the majority, of the cruel and sadistic pleasures are coupled with masochistic ones, where the hero or heroine is tortured, defiled, maltreated, humiliated. The usual dynamic explanation supplied by M. de Sade is that the excitements caused by the sadistic activities were so great that nothing but the wildest excesses, including self-humiliation and suffering pain, were sufficient to assuage them. It is very likely that a deeper analysis would show the influence of guilt feelings, which is, as we know, almost inseparable from any passionate emotion or satisfaction. The other point is equally curious and calls for further analysis. However cunning, unscrupulous, ingenious, and delicate the hero or heroine was in devising and achieving the satisfaction of his cruel passions, however successful his performance, there is usually another, still more delicate and inventive person who scrutinizes events and shows mercilessly how many mistakes were made in the plan and in the performance. As far as I know de Sade's writings, we have hardly anything about the intimate life and pleasures of this second person—like Noircœur, Lady Clareville, etc.—they are only there as critical instances. I think it would be a worthwhile study to find out their real nature. The obvious surmise is that they are split-off parts of the hero, derivatives of his superego, which in disguised form criticize his performances, show up his shortcomings, that is, give distorted expression to his guilt feelings; by stretching a point one could say that they are reaction formations of the guilt feelings and as such highly ambivalent; on the one hand they reassure the hero, de Sade, that his performances are not as bad as they could be, and on the other they create further tension in him by showing up his inefficiency.

Mr. Gorer has succeeded in writing a most interesting book. I hope it will encourage some analyst to make a still deeper study of the intriguing character of the Marquis de Sade. The interesting point of view put forward by Mr. Gorer, together with the wealth of well-ordered material in his book, will be of the greatest use to anyone who wishes to make a further study.

Michael Balint.

Problems of Consciousness. Edited by Harold A. Abramson. (U.S.A.: Josiah Macy Jr. Foundation, 1952. Pp. 156. \$3.25.)

This book consists of the transactions of the third Conference on Problems of Consciousness, held in March, 1952. This series of annual conferences, sponsored by the Josiah Macy Jr. Foundation, is one that is of particular interest to psychoanalysts and should be followed as the transactions appear. Each member of the Conference, representing a very wide range of disciplines, has some contribution to make. Whilst it is not a direct contribution to psycho-analysis, although several psychoanalysts are members, its discussions provide much useful material towards the study of ego development and structure in particular.

There is no space to discuss the individual papers in this number, which are entitled Consciousness and Metabolism of the Brain; Hypnotic Phenomena; Experimental Work on Sleep and other Variations of Consciousness. Although this is a study which should be widely read there is an inherent difficulty in reading what is a transcript of an actual discussion. It may sometimes be difficult to overlook the group situation and to become involved in its tensions because ideas interesting to the reader may be side-tracked and points of view unacceptable to him promoted.

R. E. D. Markilie.

Hunted People. Story of the Poltergeist down the Centuries. By Hereward Carrington and Nandor Fodor. (New York: E. P. Dutton & Co. Inc., 1951. Pp. 225. \$3.50.)

This is a compilation of 375 poltergeist cases, chronologically arranged (the earliest dating from A.D. 355) and followed by descriptions at length of some notorious cases. The main value of the book lies in its deviation from those dealing with what are called occult or metaphysical phenomena, in that it focusses attention on the personalities involved. In most of the cases quoted, it could be shown that the entourage in which the various happenings occur includes at least one person whose mental balance is in a precarious state or at least in a condition of stress. The phase of puberty, incipient schizophrenia, and post-traumatic conditions seem to provide the 'breeding ground' of poltergeist occurrences. Proof of this is provided by the fact that the removal of the suspected person coincides, in most cases with the departure of the poltergeist. There are several other points of interest mentioned. Statistics show that the greatest number of poltergeist phenomena occur in the more civilized countries (Western Europe and U.S.A.). Isolated dwellings (farmhouses, parsonages, etc.) which impose upon their residents a lack of external

contacts, figure also with greater frequency in the poltergeist records.

The most frequent phenomena consist of throwing or falling of objects, coming seemingly from nowhere and defying by way of their particular movement all known physical laws. In the author's opinion the motility of the objects is in some way or other related to or dependent on a particularly severe blockage of instinctual drives in the individual concerned. It would seem, furthermore, judging from the quality of the phenomena, that this blockage concerns aggressive rather than libidinal components. The further elaboration of this idea leads however disappointingly into the very same mystic haze it set out to dispel. None the less, while discussing one of the cases, Fodor remarks how invaluable the psychological history of the centre figure would have been for a factual evaluation of the phenomena described.

C. D. Gomperts.

The Psychology of Religion. By L. W. Grensted. (London: Oxford University Press, 1952. Pp. 175. 6s.)

In this short volume the Rev. Prof. L. W. Grensted attempts to survey a vast and complicated field. Acutely aware of the difficulties, he does not set out to make great claims but rather, in an enquiring way, to assess our present knowledge. As he points out, there is no agreement, even, as to the field which should properly be included under the general heading of religion, and still less is there agreement among psychologists as to the methods, aims, and subject-matter of psychology itself. In the ground covered by this volume, this lack of agreement appears to be highlighted in the problems involved in religious conversion and religious experience. That these occur is undoubted. What their meaning is, is the problem, particularly in the sense of how much psychological understanding of mental life permits us to separate from these phenomena, on the one hand purely psychological processes and on the other hand purely religious ones.

The psycho-analyst may feel that Professor Grensted does not do full justice to all that psycho-analysis, including its more modern developments, has to say regarding the psychological understanding of religious behaviour. However, it is always stimulating to hear the views of workers not engrossed in any particular field, even if such a field is the very wide one of psychology, and Professor Grensted's obvious sincerity will at least cause some examination of assumptions, to ensure that such assumptions are indeed valid and scientific.

Professor Grensted is to be congratulated that despite the relatively small size of this volume, much of the relevant literature is referred to, and a most useful bibliographical appendix completes the picture.

J. T. Rowley.

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Part 2

FREUD'S EARLY TRAVELS¹

By ERNEST JONES

The theme I have chosen for this paper has more than one source of interest. In the years between the ages of 20 and 40 Freud did far more travelling and sightseeing than was customary among young doctors in his position, especially at that time. Moreover, he enjoyed such experiences with an extraordinary gusto. Freud's capacity for keen enjoyment and also his sense of beauty were, contrary to some ideas that have been expressed of him, very highly developed. This enjoyment was partly visual and partly intellectual. He was always exhilarated by a lovely landscape or town, by beautiful architecture, and to a lesser extent painting. His keen powers of observation, and the minute attention he would devote to such objects, is well illustrated in his well-known studies of Leonardo and Michelangelo's Moses. They also illustrate the intellectual interest that accompanied the pleasure in observing. This interest was always directed, like most of his interests, towards the past, which was one reason why Italy with its classical remains attracted him so powerfully. We shall presently see, however, that all these enjoyments had a deeper and more personal significance than their external sources in the world of reality.

Freud had a divided attitude, one common enough, towards the differing attractions of the South and North of Europe, one corresponding to the contrast between the pleasure and the reality principles respectively. On the one hand there were the undeniable virtues of the North. In his twenties England was the land of his dreams, which he first visited when he was 19. It was its tolerance, with its sense of fair play and justice, that drew him towards it, and perhaps above all the fact that Jews led a freer life there than elsewhere. His half-brother Emmanuel, whom he loved throughout his life,

had gone to live there just when his father had dragged the young boy Freud to the poverty and persecutions of Vienna, a fact he never ceased to resent. Then in his early thirties his admiration turned to Berlin, where his great friend Fliess lived and flourished. He was impressed by the energy, hard work, and stern sense of duty that characterized Berlin in those days, and which contrasted with the casualness and corruption of Vienna.

The South, on the other hand, had a magic that far transcended these more homely virtues. Its softness and beauty, its warm sun and azure skies, above all its visible remains of man's early stages in development: to Freud as to so many others all this made an irresistible appeal. It represented pleasure, happiness, and all the opportunities for phantasy and far-reaching interest that stirred the very depths. We may date the first evocation of its appeal to the months Freud spent at Trieste at the age of 20 when a travelling grant enabled him to make his first researches there, a study on the structure of the male eel. So even the South was not associated with pure pleasure only; this could be combined with intellectual interests, as indeed it was with Freud throughout. Later on he would dash back to Trieste or Abbazia for one or two days only, the warm sun of the blue Adriatic more than compensating for the discomforts of the long journey from Vienna.

Freud seldom went far from Vienna until his visit to England when he was 19. Then came those to Trieste, a week spent near Hamburg to see his betrothed, and a short trip to Hungary escorting a sick friend. That brings us to 1883, when he was 27 years old. In that summer Breuer invited him to accompany him for a couple of days on a visit he was paying to his family in a house outside Gmunden which he

¹ Paper read at the 18th International Psycho-Analytical Congress in London on 27 July, 1953.

had rented for the holidays. Freud was familiar with the Semmering district near Vienna but this was his first experience of real Alpine scenery. In his letters he always gave descriptions of the places he visited, and I propose to quote two of them, those of Gmunden² and of Brussels, omitting the tender personal passages with which they are interspersed.

I will now quote some extracts from a letter of 23 July, 1883. 'At the railway station Breuer greeted a couple whose curious story he related to me. The woman was 36 years old and the man 26. He had wooed her for ten years. When she finally yielded to his pleas she was so ashamed because of the difference in their ages that the wedding had to take place secretly. Breuer asked me to explain this curious relationship, and I replied that an immature man is often attracted by a mature woman and that such marriages are usually successful. You must be wondering where I get such wisdom from. The journey was very pleasant. I had seen nothing of the district served by the Western Railway and he did not tire of explaining it all to me. The Wiener Wald to St. Pölten is quite charming. Then we went along the valley of the Danube, where the most beautiful sight was the monastery of Melk; it is similar to that of Klosterneuburg, but is larger and more nobly built. On a hill nearby we saw the Maria Taferl church and we agreed that, like so many others, the site must have been one of ancient heathen sacrifices which has simply changed its name. We crossed several tributaries of the Danube which had previously only been names to me, and then the Alpine chain came into view, including the Traunstein which is visible from everywhere in Upper Austria. Towards evening he got sleepy and I took out the book he had given me for the journey, the *Tentation de St. Antoine* by Flaubert. I didn't read much and the full impression of this remarkable book, a very intense one, came only on the following day. I will tell you about it in my next letter. We went on chatting about all possible topics. To travel with a man whose mind is so alive, a man of such keen judgement, wise knowledge and freely flowing thoughts, was a pleasure that was disturbed only by the consciousness of my own inferiority. We got to Gmunden at half past nine, but the station is half an hour away, so all we could see was a sheet of water and two dark masses of rocks.'

The next two letters were occupied with other

topics, but three days later he continued with his account. He accompanied it with a sketch and a couple of photographs. 'After our evening meal we went for a stroll about eleven o'clock to the Seeschloss, a massive building, now unoccupied, on an island in the lake, but joined to the land by a bridge that you can see on one of your pictures. The wash of the waves sounded wonderful; it was quite dark and the full moon could not break through the clouds. I went back to my room, opened the window and went on reading my wild book. At five in the morning I woke out of a deep sleep and scarcely knew what to do. The others would not get up before eight or nine; it was a lovely morning, so I went forth to discover Gmunden. The delight of the first moments in a strange place is overpowering. I observed that we lived at a distance from the town; I took a good look from my window, and absorbed the details of the fine view. There was the dark green lake extending so far that one could not see the end of it. Looking across it one sees two mountains. The first one slopes gently, with a few villas at its foot. It is the Grünberg, so-called because of the clothing of verdure that matches the green of the lake. And near it, dominating the whole landscape, is the mighty Traunstein, of a lighter colour because of the absence of vegetation, that rises perpendicularly from the lake to a height of 5,000 feet. That is really the end of the Alps, for on the other side the Gmunden bowl is formed by a couple of hills belonging to the Danube chain. It is hard to believe that the Traunstein is five times as high as the Grünberg; it looks as if it were only slightly topping it. Besides the Traunstein there is a series of mountain peaks with a contour as I have sketched it for you; popular phantasy sees a human profile in it, the classical profile of a sleeping Grecian woman. Beyond there are more and more high mountains towards Aussee. Below our villa I found on my voyage of discovery another one, belonging to the Archduchess Elizabeth, the mother-in-law of the King of Spain. Then I descended to the town, curious to know what was this "Esplanade" of which I had heard. It turned out to be a long avenue along the side of the lake, shady and with charming views on the lake, into which various little pavilions, cafés and bandstands are built out. Parallel with it is the main street from which the side streets climb up the steep hill. At the end of the Esplanade are two

² See illustration facing p. 73.

or three squares, one with a kursaal and garden, another with the Town Hall. Then suddenly one passes through an archway into a narrow street with high houses, and down the middle of it runs a stream of bubbling clear water coming from the lake which roars over foaming waterfalls above and below the sluices.

'Well, I had discovered the town. I then went back, but at half past six the others were still fast asleep, so I finished my wild book. At the end I was quite dizzy and so deeply stirred that throughout the day I felt its presence most burdensome. I was already excited by the splendid panorama and now on top of it all came this book which in the most condensed fashion and with unsurpassable vividness flings in one's face the whole dross of the world, for it calls up not only the great problems of knowledge (*Erkenntnis*), but the real enigmas of life, all the conflicts of feelings and impulses, and it confirms the awareness of our perplexity in the mysteriousness that reigns everywhere. These questions, it is true, are always there, and one should always be thinking of them. What one does, however, is to confine oneself to a narrow aim every hour and every day and one gets used to the idea that to concern oneself with these enigmas is the task of a special hour, in the belief that they exist only in those special hours. Then they suddenly assail one in the morning and rob one of one's composure and one's spirits.'

Freud disliked being shown places and often disdained the use of guidebooks. What gave him pleasure was to discover things for himself, a general characteristic of his independent and inquisitive mind.

Two years after Gmunden he broke his journey from Hamburg to Paris twice, spending a few hours at Cologne and Brussels. He sent his betrothed descriptions of both places, as he always did on his travels. This is his account of Brussels. 'Brussels was wonderfully beautiful, an enormous town with splendid buildings. To judge from their names the people are mostly Flemish and the majority understand a little German. In three and a half hours, without a guide, I discovered the main sights of the town. First of all the rich Exchange and Town Hall, with the latter the Viennese one is not to be compared. One remarks that the town has a history which Vienna lacks. Many statues which *really* belonged to olden times; inscriptions and images around the houses. I walked through the whole town, passing from the

Boulevard du Nord to the Boul. du Sud, and deviating wherever there might be something beautiful. The proper discoveries I made only when I came upon a steep hill where there was a building so massive and with such magnificent columns as one imagines an Assyrian Royal Palace to have had, or as one finds in the Doré illustrations. I really took it for the Royal Palace, especially since a crown-like cupola rose above it. But there was no guard, no life there, and the building was evidently not finished; over the portal there was a lion bearing the Ten Commandments. It was the Palace of Justice, and from the edge of the hill one had the grandest view of the town lying below. . . . Going farther up the hill I soon came to the Rue Royale, and then one find followed another; the monument to Egmont and Horn was the finest. Opposite an old church there is an oval place surrounded by a railing of iron-work that had the loveliest flowers of iron separated by columns with representations of all the social classes. In the enclosure was a garden, a small pond, and at the broad end stand the two heroes, one of them with his arm embracing the other and pointing to a particular spot; I think that is where they were beheaded. A little farther on I came across a man in a crusader's garb high up on a steed and bearing a flag; when I looked closer it turned out to be Godfrey of Bouillon, the first King of Jerusalem after the First Crusade. I was very pleased to be in such good company, but in the meantime had got very hungry. So I took *déjeuner* in the nearest café, which cost me two francs; it had to last till I got to Paris the next day. After it I discovered the Congress columns and a number of palaces, each of which I took in turn to be the royal one. An advertisement of a farm to let in Waterloo made a peculiar impression'. After this three and a half hours' peregrination he dashed back to the station to catch his overnight train for Paris.

Freud was 40 before he caught a sight of the promised land of Italy, the picture of which had for years filled his thoughts. He spent a wonderful week in Venice with his brother, and in the following years carried out extensive tours in Italy. It was six more years before he dared approach much nearer to Rome, which was for long under a special taboo, than Trasimen, the spot where his beloved hero Hannibal had made his inexplicable and fatal halt. But it would take me all my time merely to enumerate the list of other towns that Freud explored in

these years. His wife, being occupied with the children, accompanied him only once or twice, so he wrote or sent her a telegram every day of his tour, and these letters have all been preserved.

There were two striking features in these journeys. One was the restless energy with which they were pursued. Freud was determined to see all he possibly could in the time at his disposal and he would simply gut town after town, often in a few hours for each. His sister-in-law, who accompanied him on one or two of the tours, said that his ideal was to sleep in a different place every night, and sometimes he really did so for a week or two on end. But in spite of the rush his remarkable memory served him so well that years afterwards he could recall where he had seen this or that artistic object or classical relic.

The other feature was the quite exceptional enjoyment Freud experienced on these tours. All the anxieties and moods of depression from which he suffered considerably in those years, as we know from the constant complaints to his friend Fliess, quite vanished when on holiday, and the letters he wrote then are full of an almost boyish gusto and the keenest appreciation of all he was seeing. Freud was pretty well destitute of worldly ambitions, but one is not surprised to learn that the one reason why he would have liked to be affluent would be so that he could visit Italy as often and for as long as he liked.

Yet despite all this love of travelling, Freud several times in his letters mentions his suffering from what he called a bad 'travelling phobia'. Whatever the condition was it certainly did not correspond with the word phobia as he and every one else was to use it later, since the most prominent feature of a true phobia is its function of inhibiting some activity, and never for a moment did Freud hesitate to carry out any journey he had a chance of. What troubled him was his susceptibility to attacks of acute anxiety at the moment of embarking on the journey. There were even in later years some traces remaining from this old trouble; he always wanted to be in very good time when catching a train, and by good time he could mean half an hour beforehand.

It is plain, therefore, that the enjoyment of travelling must have been in part derived from some deep source, one that at a certain level was forbidden. It is easy to guess in general

terms what it symbolized, but I do not find any interest in doing so. I may, however, mention a few considerations that seem pertinent in this connexion.

Anxiety or excitement at embarking on a journey followed by the exaltation of delight when it has been successfully accomplished may be either because of the importance of reaching a given goal or because of the wish to escape from something unpleasant. In Freud's case there are good reasons for thinking that both of these factors were operative. That the beauty of Italy has in addition to its inherent charm and interest a pronouncedly feminine connotation is familiar knowledge. I remember Freud nodding a warm approval when I quoted to him Browning's lines:

Oh woman—country, wooed not wed,
Loved all the more by earth's male lands,
Laid to their hearts instead!

Then Freud always had, especially in the years we are considering, a strong dislike for Vienna. There were moments where it was so intense as to become a physical loathing. Even the beloved Steffel of the songs was to him 'that abominable steeple of St. Stephen's'. In one letter to Fliess he wrote: 'I hate Vienna almost personally, and in contrast to the giant Antaeus I gather fresh strength as soon as I remove my foot from the soil of my *urbs patriae* (*vom vaterstädtischen Boden*)'. Antaeus, it will be remembered, gained strength every time he made contact with his Mother Earth, whereas Freud gained strength from making a corresponding renunciation. He had, it is true, very good reasons for disliking the air of Vienna. There was the prevailing anti-semitism, the narrow and restrictive atmosphere of its professional circles and the hostility with which his new ideas had been greeted. But over and above these there was the ineffaceable memory of the terribly hard years of his childhood and youth, with its poverty, privation and hardship. And after all, it was his father who was responsible for plunging him into those distressing circumstances, after tearing him away from his happy early childhood in the Moravian countryside. It is not my intention to draw any general conclusions from the material I have brought before you, but I thought that any information or reflections concerning the life of the great pioneer to whom we all owe so much should be of some interest.

³ Cf. Ernest Jones: *The Life and Work of Sigmund Freud*, p. 331, New York Edition; p. 364, London Edition.

A RE-EVALUATION OF FREUD'S BOOK "ON APHASIA". ITS SIGNIFICANCE FOR PSYCHO-ANALYSIS¹

By E. STENGEL,² M.D., M.R.C.P., LONDON

When Freud startled his contemporaries with his first publications on the neuroses he was in his late thirties. He had behind him years of training, research, and practice in anatomy, physiology, and neurology. With every step he took in his new venture he became more of a stranger to his colleagues. They could see no link whatever between those years of solid and fruitful medical research and his new interests and methods. Later, many psychoanalysts used to take the opposite view of the first part of Freud's working life: they looked at it as a time spent in a foreign land, at best a period of preparation, at worst a waste of precious years as far as psycho-analysis³ was concerned.

In recent years, increasing attention has been paid to the origin and foundations of psychoanalysis and to its relationship to current scientific and philosophical trends. It has gradually become apparent that Freud's anatomical, neurological, and psycho-analytical researches form a continuum and that they were strongly influenced by contemporary currents of thought. Important contributions towards a historical analysis of psycho-analysis have already been made (Ernest Jones, Hartmann, Dorer, Binswanger, Brun, Jelliffe, Bernfeld, Kris, Zilbeorg, Riese). Some light has been thrown on the relationship between the two periods of Freud's work by the recent publication of a draft of a physiological psychology found among his manuscripts. This was another indication that fully to understand the origin of psycho-analytical concepts, one had to go back to Freud's earlier writings.

I propose to speak about the one of greatest interest for the psychoanalyst. Some of what I am going to say has already been said, or hinted at, by others, but I hope to add to their observations and to fill in details.

Among Freud's contributions to neurology

the book on aphasia³ holds a special place. In this treatise, Freud for the first time challenged current theories and put new ones in their place. Even more important, it was the first of his writings to deal with mental activities. It appeared only a few years before he finally turned to psychopathology. Therefore, if any of Freud's pre-psycho-analytical writings could be expected to throw some light on the relationship of the two periods of his working life, and thus on the origin of psycho-analytical concepts, it was the book on aphasia. It is known to only a few students of the subject. To psychoanalysts it is practically unknown. It has been unavailable for more than half a century, and only a very small number of copies still exist. I therefore gladly accepted the invitation to furnish a translation into English.⁴ I propose to present some of the observations I made in the course of this work. Its significance to neurology is considerable. This aspect has been commented on by Brun and Jelliffe, and fully discussed by Jones in the first volume of his Freud biography. It has also been considered in the Introduction to the English translation. On this occasion it suffices to say that the book called a halt to the extravagant claims of the exponents of the theory of rigid localization. It introduced the concept of agnosia. It recognized the importance of Hughlings Jackson's contribution to the study of the aphasias. By emphasizing the functional aspects it paved the way for the most consistent and fruitful concept of aphasia, that of Kurt Goldstein. But why should this book be of special interest to the psychoanalyst?

Let us for a moment turn our minds back to the late eighties when that treatise was written. Physiologists and neurologists were intensely preoccupied with the exact localization of cerebral functions. The relationship of at least two types of aphasia to lesions in certain

¹ Paper read at the 18th International Psycho-Analytical Congress in London on 27 July, 1953.
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³ Sigmund Freud: *Zur Auffassung der Aphasien*. Wien, 1891.

⁴ Sigmund Freud: *On Aphasia*. Authorized Translation with an Introduction by E. Stengel. (London: Imago Publishing Co., 1953.)

parts of the brain appeared securely established, and the localization of all the functions of speech, and indeed of all aspects of behaviour, seemed within easy reach. The cerebral cortex was conceived as a mosaic of areas, each of them with its allotted function, innate or acquired early in life. Which functions were lost in case of damage was thought to depend on the site of the lesion only. Freud was the first in the German-speaking world to subject that theory to a critical analysis. He pointed out that unbiased clinical observation failed to confirm it, and that it was impossible to understand the symptoms of aphasia without assuming that besides the localization of the lesion, certain functional peculiarities of the 'speech apparatus' played an important part. The so-called speech apparatus was the first of a series of borderline concepts between the organic and the psychic which were to become so prominent in psycho-analytical theory. It is not identical with, though intimately related to, the nervous structures involved in speech. It could be described as a hierarchical organization of functions with an organic substrate. We recognize it as the elder brother of the 'psychic apparatus' to the working of which most of Freud's later researches were devoted. Both terms have their origin in Meynert's writings. They demonstrate Freud's lasting attachment to physiological concepts.

The book contains a number of terms which have become household words in psycho-analysis. 'Projection' was used in its original sense as a purely anatomical and physiological concept. Freud proposed the term 'representation' for a certain type of projection, namely that of the periphery of the body onto the highest nervous structures.

The term 'Besetzung', which in English psycho-analytical literature has been translated as 'cathexis' and in French that of 'l'investissement', appears here in Freud's writings for the first time. He used it when discussing Meynert's theory of the investment of unused cortical cells with function. Although Freud rejected Meynert's hypothesis, he later used the term in a similar, though psychodynamic sense, for the mechanism of the investment of objects with libido.

The concept of 'overdetermination', also, was defined for the first time in relation to functions of speech which were supposed to be safeguarded against breakdown by a multiplicity of complementary mechanisms.

These instances illustrate how concepts of physiological dynamics were taken out of their original soil and transplanted into the field of psychodynamics.

Freud directed his interest to the problem how the speech apparatus reacted to damage or other conditions causing loss of efficiency. What were those functional peculiarities the knowledge of which he regarded as fundamental to the understanding of the speech disorders? The most important was its tendency to revert to earlier, more primitive, though more secure modes of function. Here, then, we find for the first time in Freud's writings the principle of regression which underlies the genetic propositions of psycho-analysis. Freud had become acquainted with that principle in some form or other before.⁵ But it was in his studies in the literature on the aphasia that he found the concept of regression applied to mental processes of the highest level. The author who introduced him to that concept was Hughlings Jackson, who himself had adopted it from Herbert Spencer, the philosopher-psychologist of evolution. The following passage from Freud's book (transl. p. 87) shows how fully he had made the doctrine of the evolution and dissolution of function his own:

'In assessing the functions of the speech apparatus under pathological conditions we are adopting as a guiding principle Hughlings Jackson's doctrine that all these modes of reaction represent instances of functional retrogression (disinvolution) of a highly organized apparatus, and therefore correspond to previous states of its functional development. This means that in all circumstances an arrangement of associations, which, having been acquired later, belongs to a higher level of functioning, will be lost, while an earlier and simpler one will be preserved. From this point of view a great number of aphasic phenomena can be explained.'

There are many more passages in the book which bear out the deep impression which

⁵ Bernfeld (1944) has pointed out that the problem of development had already been in the foreground in Freud's histological studies in which he approached it from both the phylogenetic and ontogenetic points of view. Bernfeld referred particularly to the investigation

into the origin of the acoustic nerve; one of the main themes of psycho-analysis, i.e. the persistence of earliest structures throughout life, appeared for the first time in this research. (*Monatsch. f. Ohrenheilk.*, 20, 245, 1886.)

Jackson had made on Freud. While none of the leading authorities in the field of aphasia escaped his criticism, he had nothing but praise for Hughlings Jackson, whom he pronounced his guiding spirit in the study of the speech disorders. As far as I am aware, this was the last time in his career that Freud submitted to someone else's leadership.

It is interesting to note the kind of clinical observations which aroused Freud's special interest. He quoted them in great detail from two of Jackson's articles to which he repeatedly referred. They were the 'recurrent utterances' of the aphasics, those stereotyped and apparently senseless words or phrases which in some cases constitute the only residues of speech. To Jackson they were riddles which he endeavoured to solve. In his brilliant analysis Jackson proceeded in the same way as a psycho-analytically informed psychiatrist would proceed to-day. He concluded⁶ that it was often possible to understand why a certain utterance and no other had remained, by considering '(i) the external circumstances at the time of the being taken ill; (ii) the intensity of the emotional state under which the last attempt at speech was made; and (iii) the gravity of the lesion'. Freud, obviously very much interested in the phenomena and their explanation, 'added a self-observation of his own corroborating Jackson's thesis.

Freud was fully aware of the wide implications of the doctrine that the dissolution of function was a reversal of its normal evolution, and that the tendency to retrogression towards earlier modes of functioning was operative irrespective of the cause of the impairment. This may be either a lesion of the brain, or any other factor lowering the efficiency of the speech apparatus. The following passage from Freud's book (transl. p. 13) is of particular interest:

'Paraphasia, i.e. mistakes in the use of words, in aphasic patients, does not differ from the incorrect use and the distortion of words which the healthy person can observe in himself in states of fatigue, or of divided attention, or under the influence of disturbing affects—the kind of thing that frequently happens to our lecturers and causes the listener painful embarrassment.' Does this not sound like a prelude to the chapter on errors and slips

of the tongue in *Psychopathology of Everyday Life*?

The unqualified approval with which Freud repeatedly referred to Jackson and the extensive quotations from the two articles in *Brain*⁷ make it certain that he had read them very carefully. The passages quoted contained observations and concepts which most probably contributed to the foundations of psycho-analytical theory. But Jackson's influence probably went even further and deeper than the book on aphasia alone would suggest. I have arrived at this opinion through the study of the two articles by Jackson, assuming that they were the only ones Freud knew. To the psycho-analytically informed they make fascinating reading. They reveal how far Jackson had advanced towards a dynamic concept of abnormal behaviour. He not only applied Spencer's doctrines to the aphasias, but also adumbrated their importance to the study of mental disorders. Some of his notions would be worthy of the psycho-analyst's attention, even if there was no evidence that Freud knew them. According to Jackson, who followed Spencer, the physical and the psychic were 'independent concomitants'. Freud expressly accepted the so-called 'Law of Concomitance' and adhered to it. This doctrine enabled Jackson to investigate mental processes independently of the physiological states accompanying them, and he evolved a general theory of abnormal behaviour with which psycho-analysis shares some basic principles. The following concept is of particular interest because it is, on the one hand, a direct application of the theory of evolution, and links up, on the other hand, with the psycho-analytical theory of the role of conflict. Jackson regarded a symptom such as the recurrent utterances as the result of a struggle between a variety of conflicting discharges of which one had emerged victoriously and established itself permanently. This, he said, was an example of the survival of the fittest states, but, he emphasized again and again, fittest not for the external but for the internal circumstances of the individual.⁸

Certain abnormal mental states, such as delirium, were, according to Jackson, 'revelations of, or parts of the lower and earlier and prior stages. They are then conscious. Normally they are unconscious or subconscious.

⁶ *Selected Writings of John Hughlings Jackson*, vol. 2, p. 198. London, 1932.

⁷ *loc. cit.* (See ⁶).

⁸ *Ibid.*, pp. 195–196.

They are due to removal of inhibitions and control over the lower centres. Mental symptoms are not caused, they are permitted.' ⁹

To Jackson, mind was not identical with conscious mental activities. 'There is an automatic and unconscious or subconscious service of words.' According to him, 'the energizing of lower nervous arrangements, although unattended by any sort of conscious state, is essential for energizing of the highest mental states'.¹⁰ Jackson, it seems, not only recognized unconscious mental activities, but also their importance for those which were conscious.

Jackson was more interested in what he called 'the positive symptoms', i.e. the performance of the damaged or mutilated nervous-system, than in the negative symptoms, i.e. the loss of function. Freud showed a similar preference in the psychological field. Jackson, like Freud, implicitly denied that any psychic material was irrevocably lost. It only becomes unavailable, but may reappear under emotional stress. Jackson was also aware of certain effects of emotional discharge. Referring to oaths and ejaculations in general he said:¹¹ 'They are all parts of emotional language; their utterance by healthy people is on the physical side a process during which the equilibrium of a greatly disturbed nervous system is restored, as are also ordinary emotional manifestations. (All actions are in one sense results of restoration of nervous equilibrium by expenditure of energy.)' In a footnote he quoted the following passage from an unsigned review: 'The value of swearing as a safety-valve to the feelings, and substitute to aggressive muscular action, in accordance with the well-known law of the transmutation of forces, is not sufficiently dwelt on. Thus the reflex effect of treading on a man's corn may either be an oath or a blow, seldom both together. The Scotch minister's man had mastered that bit of brain physiology when he whispered to his master, who was in great distress of things going wrong, "Wad na an aith relieve ye?" It has been said that he who was the first to abuse his fellow-man instead of knocking out his brains without a word, laid thereby the basis of civilization.' In these anecdotes the step from the 'dynamics of the nervous system' to the dynamics of behaviour was actually made. This is the

reason why they sound so familiar to those versed in psycho-analytical writings.

Jackson's notions regarding the dynamics of nervous functions were not casually interspersed among observations on aphasia. On the contrary, he expounded them at length and propagated them on every possible occasion; he would even repeat them in one and the same article. The reader cannot help feeling that the author was most anxious to drive his ideas home and endeavoured, in an almost obsessional manner, to make sure that he was understood.

It would be beyond the scope of this paper to discuss further similarities of Freudian with Jacksonian concepts beyond those which emerge from the two articles which Freud must have read. Only one more should be mentioned here: the functions of the three parts of the personality structure as seen by Freud and their interrelationship have certain features in common with those of the three layers of nervous arrangements postulated by Jackson.

Although the doctrine of concomitance allowed Jackson to view the psychic independently of the structural processes, accompanying them, he never lost sight of the latter. He could not really view mental processes by themselves. Although Freud never disowned the doctrine of concomitance, he accorded, for heuristic purposes, a limited autonomy to the psychic. This seems to have been the decisive step by which he emancipated himself from physiology and neurology. Jackson did not take this step. He did not break out of the framework of a strictly physiological psychology. He made his position quite clear in the following passage:¹² 'Our concern as medical men is with the body. If there be such a thing as a disease of the mind we can do nothing for it.' This was a position which Freud gave up, but not without first having to overcome great inner resistance. The attempt at a physiological psychology, and its abandonment, are evidence of that struggle.

Freud quoted Jackson again only once. In the *Interpretation of Dreams*¹³ he referred in a footnote to Jackson's remark concerning the relationship of dreams to insanity. 'Find out all about dreams and you will have found out all about insanity.' It is doubtful, however,

⁹ *Selected Writings of John Hughlings Jackson*, Vol. 2, p. 192. London, 1932.

¹⁰ *Ibid.*, p. 167. ¹¹ *Ibid.*, p. 179.

¹² *Ibid.*, p. 85.

¹³ *Ges. W.*, Vol. II/III, p. 514. *Standard Edition*, Vol. 5, p. 569 n.

whether this was a first-hand quotation, and it can hardly be accepted as evidence that Freud had read other articles by Jackson besides those about aphasia. But this does not really matter a great deal; there is no need for further proof that Freud became thoroughly acquainted with Hughlings Jackson's basic ideas of 'the dynamics of the nervous system'. There is reason to believe that Jackson exerted a greater influence on Freud than has hitherto been

thought, and that some of Jackson's concepts contributed to the basic theories of psychoanalysis.

This, then, is the significance for psychoanalysis and psychiatry of Freud's story of the aphasias; it brought him into direct contact with the evolutionary theories emanating from England, a decisive event in the development of psychoanalysis.

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FREUD'S FUNDAMENTAL PSYCHIATRIC ORIENTATION¹

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'I am quite aware that a psycho-analyst needs no small amount of tact and restraint whenever in the course of his work he goes beyond the standard lines of interpretation, and that his listeners or readers will only follow him as far as their own familiarity with analytic technique will allow them. He has every reason therefore to guard against the risk that an increased display of acumen on his part may be accompanied by a diminution in the certainty and trustworthiness of his results. It is thus only natural that one analyst will tend too much in the direction of caution and another too much in the direction of boldness.'

The above is the characteristically cool statement of Freud made at the very outset of his first attempt at an interpretation of the Schreber case.

It is not very difficult to sense in this statement a certain bold defensiveness, and at the same time a certain protest against that timidity of interpretation which, while giving the impression of caution, does in reality lack both scientific prudence and creative imagination. It is no wonder that Freud felt it necessary to put the reader on guard against imprudent psycho-analysis, and to put himself on guard both against too much caution and too little boldness. It was the year 1911, a critical time in the history of psychiatry, when the various psychiatric trends of the last part of the nineteenth century converged and diverged in most dramatic and baffling fashion. Only some fifteen years before, Kraepelin had formulated his purely Hippocratic conception of dementia praecox, and the organically minded Eugen Bleuler was already introducing a new concept—that of schizophrenia—which replaced not only in form but also in substance the whole structure of Kraepelinian psychiatry. About four years previously Jung had written his monograph still using the term 'dementia praecox,' still using the orientation of the organicist, and yet offering some brilliant suggestions as to the psycho-

dynamics of this chronic psychosis. Now Freud, in the Schreber case, came forth with a unique and at the same time most unusual interpretation of a chronic mental illness. He designated the illness with the pre-Kraepelinian term 'dementia paranoides,' which he had learned from his own professor of psychiatry, Theodor Meynert, back in the 'eighties. However, the designation Freud preferred was 'paranoia,' a clinical entity which is more difficult to define and to differentiate than to recognize intuitively, even today.

I do not want deliberately to create a somewhat artificial impression of clinical confusion in the psychiatry of Freud's first twenty years of medicopsychological practice. That confusion is characteristic of all transitional periods in the history of psychiatry and, after all, all periods in the history of psychiatry are transitional. What I want to convey is rather difficult to put into words, but it is approximately this. Freud entered psychiatry through the most conventional and respectable portal of neuropathology. In his earlier articles he still used the term 'we neuropathologists.' He became interested in neuroses more or less as a matter of practical necessity: he decided to enter private practice, and private practice offered an unusual opportunity for the study of neuroses even in those days. Freud found himself at a considerable scientific distance from clinical psychiatry, which was shrouded in pessimism and psychological ignorance.

Therefore, Freud was right in saying that 'the interest felt by the practical psychiatrist in such delusional formations (as one finds in psychoses—G.Z.) is, as a rule, exhausted when once he has ascertained the character of the products of the delusion and formed an estimate of their influence upon the patient's general behaviour: in these cases astonishment is not the birth of comprehension.' It is obvious that while Freud sought comprehension he found himself quite thwarted, because psycho-analysis from the very

¹ Read before the 18th International Psycho-Analytical Congress, London, 29 July, 1953.

beginning found it necessary to shun the psychoses. This tendency to avoid clinical psychiatry became almost a tradition; during the late 'twenties and early 'thirties the tradition was particularly pronounced in such places as the Psycho-Analytic Institute in Berlin. The general trend seemed to be to meet the resistance on the part of academic psychiatry with what Freud called in his autobiography the *pénétration pacifique* of psycho-analysis into psychiatry. Freud never really abandoned the principle that clinical psychiatry belongs to the field of psycho-analysis. 'The theory of neuroses,' he proclaimed, 'belongs to psychiatry; it is indispensable as an introduction to psychiatry.' Moreover, he considered psychoses excellent objects for clinical demonstrations (of psycho-analytic theory).

Are we then to assume that Freud as a psychiatric clinician was fully prepared to face the task of dealing with psychoses, and that his psychiatric training made him particularly fit to deal with the theory and the practice of clinical psychiatry? Nothing would be further from the truth. We must recall here Freud's statement about the caution, tact and boldness required of or imposed upon the psycho-analyst who sets himself the task of interpreting clinical facts. The same is true, *mutatis mutandis*, of course, of the interpretation of historical facts. It is more true and even more complex, because historical facts are not observable even indirectly. We learn about them so many years after they occurred, and so observe them through the refraction of times and cultures that have changed and gone. The task of interpreting the facts imposes upon one the obligation of great prudence, but it also calls upon one to be more bold than tradition is willing to allow.

With these cautious preliminaries in mind, one should not hesitate to admit that at the beginning Freud knew really very little clinical psychiatry indeed. As a matter of fact, he took more courses with Brentano than with Meynert. As Bernfeld pointed out, Freud took a course in psychology, a course in logic, a course in Aristotle—all given by Brentano. The latter, as is known, was a former Catholic priest; he was a forerunner of our Gestalt-psychology, and he possessed an excellent historical perspective with regard to the development of psychology. On the other hand, Freud took only one course of five hours a week with Meynert and, brilliant as Meynert was, he represented the grisiest tradition of psychiatry. All psychoses were to

him diseases of the forebrain. Thus, he preached the necessity of making purely descriptive, external, formal psychological observations; for, insisted Meynert, as long as the actual pathology of the forebrain which corresponds to the given psychosis is not established, the subjective states of patients are of clinical importance. Just as in ophthalmology the subjective perceptions of the patient ultimately lead to an understanding of the underlying pathology, so in psychiatry Meynert hoped to find a way to the mysteries of the alleged underlying cerebral pathology. Meynert, as you see, had the brain on his mind—as much as had his predecessors like Griesinger, whom Freud quotes occasionally. It is quite possible that Meynert's interest in physics as a great adjuvant in psychiatry influenced Freud, and that Freud's great interest in Fechner might be a reflection of Meynert's influence.

Be this as it may, we shall find ourselves hard put to link that which we have learned to know as the Freudian orientation with the anatomico-physiological cerebral mythology which prevailed in psychiatry when Freud was a medical student, and even years later when he became a medical practitioner. We would certainly search in vain in the field of philosophy for some specific influences which affected Freud's psychiatric orientation. We know from Freud himself that he had not read Schopenhauer until years later, and did not become acquainted with Nietzsche until still later—although it must be noted that *The Genealogy of Morals*, which contains so much that might be called today 'Freudian,' appeared in 1876, just about the time when Freud took Brentano's courses.

To be sure, it is possible to trace Freud's own thought back through the history of philosophy to Plato. Freud himself was quite fond of referring to Plato as one of the main sources for his inspiration in the field of psycho-analysis. Yet, Freud's dialectic method, his almost austere naturalism, combined with his conception of the endopsychic unity of the human personality, make it difficult not to consider Freud much closer to Aristotle than to Plato. Here we might see a clue to the ultimate solution of the riddle; we may recall the great influence and forceful teaching capacity of Brentano, whom Freud apparently knew quite well and who recommended Freud as a capable student. Brentano's background was closer to Aristotle than to Plato.

Yet no matter how far back we may follow

Freud's trends in the history of thought, no matter how many so-called predecessors of Freud we may find in the history of psychiatry, one thing is certain: Freud, particularly at the beginning of his career, spoke the language of what we are prone to call the older psychiatry, but he really understood this language very little and cared about it even less. A bold statement this, but if you bear with me for a while I am sure I shall be able to convince you of the validity of my assertion.

First, let us recall that Freud himself says about his understanding of the Schreber case: 'It remains for the future,' he says, 'to decide whether there is more delusion in my theory than I should like to admit, or whether there is more truth in Schreber's delusion than other people are as yet prepared to believe.' There is more than a jest in these words of Freud. He ascribed a special meaning to the assumption that there might be some truth in Schreber's delusions. What Freud seems to convey by this remark is his fundamental idea that there is no untruth and no nonsense in what a psychotic thinks and says; the psychotic *knows* something and what he *knows* has a human meaning. This is the same idea that Freud expressed when he said in *The Little Hans*: 'A neurosis never says foolish things any more than a dream.'

We may note in this connection that Eugen Bleuler—who was close to Freud at the time Freud was studying the Schreber case and Bleuler was composing his monograph on Schizophrenia—Eugen Bleuler, too, tried to relate his newer psychological concepts to some vague organic (cerebral) pathology. In doing this Bleuler, it seems—like Freud—paid but verbal respect to tradition; I have it on the authority of his son, Manfred Bleuler, that the concept of schizophrenia was almost entirely psychological but that Eugen Bleuler (like so many of his confrères in the past and in the present) did not dare openly to divorce himself from cerebral pathology. In other words, the purely psychological theories of psychopathology met not only with resistances from without, but also with still greater resistances from within, on the part of the very pioneers in the newer psychology.

Freud, as the creator-pioneer of this new psychology, apparently still felt those scientific resistances within himself, and it is therefore particularly impressive to glean how daring and challenging his attitude was when he first approached such a psychiatric problem as that

of paranoia. He seems to have let go by the board the whole mass of vacuous descriptions which had become known later as being based on brain mythology; he frankly says that the Schreber case served more to confirm his views on paranoia than to help him formulate them. '... These and many other details of Schreber's delusional formation (says Freud) sound almost like endopsychic perceptions of the process whose existence I have assumed in these pages as the basis of our explanation of paranoia. I can nevertheless call a friend, a fellow-specialist, to witness that I had developed my theory of paranoia before I became acquainted with the contents of Schreber's book.'

What was the status of clinical psychiatry at the time of Freud's early medical years? That which interests us now is not so much the psychological or philosophical biases of the various psychiatric schools of the time, but rather the general perspective in which Freud is to be viewed as a psychiatrist.

Freud's professor of psychiatry, Meynert, related Kahlbaum's catatonia to meningitis at the base of the brain; to him 'Psychopathology and functional neuropathology have no other content than the disturbances of the functional energies of the brain and its adnexa.' That is what he taught Freud; he also taught him that persecutory mania, like facial paralysis, depends upon the locus affected in the forebrain and upon some special psychopathological process. This is important to note, old and innocent though it may sound. It is important to note because as long as the emphasis is laid on brain pathology, there is no place for the concept of personality in psychiatry. This concept of personality may exist in theoretical psychology, in philosophy, in theology; but there is no place for it in clinical psychiatry as long as the latter seeks its answer only in autopsy material.

Let us also note that in his foreword to his *Clinical Lectures on Psychiatry* (1890), Meynert points with pride to the accomplishments of the older generation of psychiatrists in which he includes himself: Snell, Hagen, Kahlbaum, Westphal, Sanders. He then states with considerable sentiment and emphasis of hope that the future of psychiatry lies in the hands of the younger men, of whom there are many everywhere in the world. Meynert for some reason limits himself to mentioning only two names which he associates with 'far-off Russia': Kraepelin and Tiling. Kraepelin is associated with Russia apparently because he was at the

time a young professor of psychiatry in the University of Yuriev, where medicine was taught both in German and in Russian. Yuriev was the Russian name of the present capital of Latvia, Dorpat.

There is something impressive, and instructive in this citing of the name of Kraepelin by the old professor of Freud. It emphasizes something which we all know well but all forget as well. It emphasizes the fact that Kraepelin was of Freud's generation. As a matter of fact, he graduated in medicine only about two or three years before Freud. Kraepelin was an actual contemporary of Freud and Eugen Bleuler. In other words, neither chronologically nor academically was Kraepelin older than Freud, and the traditional division of psychiatry into Kraepelinian or pre-Freudian, and Freudian, is I believe based on a historical misconception. Kraepelinian psychiatry is still alive today; it is the nosological, anatomico-physiological psychiatry which looks upon the various psychiatric clinical entities as distinct diseases in the oldest Hippocratic sense. It is this empirico-utilitarian psychiatry that is pre-eminently responsible for those psychological methods of treatment (from fever to electro-shock) which are grossly pragmatic, and not only non-psychological but anti-psychological. They cannot remain anti-psychological and still be able to recognize and acknowledge the individuality of the given person, the personality of the given individual. Such an attitude is predestined by the very nature of purely anatomico-physiological empiricism to this lack of perspective. This attitude may appear scientific, but it acquires its scientific respectability at the price of disregarding the value of the human person. Hence, such an attitude will always tend to create categories, systematic nosologies, typologies and other forms of classification.

Let us now see what happened to Freud.

Born out of the 'purely scientific' nosological psychiatry and cerebral mythology, Freud very early began to show a kind of clinical psychiatric confusion which, in the light of later years, became both amusing and extremely telling. I speak here of Freud himself, and not of his disciples and followers of later years. There are many and good reasons why the time is not yet ripe to discuss these disciples and followers with any degree of scientific objectivity.

It is not necessary here to restate Freud's theory of paranoia, its relation to homosexuality or its major mechanisms of projection;

these are well known or could be easily looked up. What seems to me much more interesting is the liberty which Freud permits himself when he deals with psychiatric nosology. On the one hand, Freud accepts the psychiatric nosology as he found it. He thinks Kraepelin was right in differentiating dementia praecox as a separate clinical entity. He thinks Bleuler was right in defining schizophrenia. He thinks paranoia is an established, fixed entity. He accepts the clinical descriptive entity known as manic-depressive psychoses. As a matter of fact, he accepts even the older classification of neuroses *in toto*, except that he adds, at first rather cautiously, a separate clinical concept of anxiety neurosis. He does suggest that paraphrenia would be a better name for dementia praecox, and he apparently disregards the fact that paraphrenia is a term that had been and was being used to designate a special variety of dementia praecox. But then, Freud himself attaches little importance to names of mental diseases.

He states that what characterizes dementia praecox is a 'hallucinatory hysterical mechanism,' instead of projection. This, says Freud, is one of the most important distinctions between dementia praecox and paranoia. He further states that the prognosis in dementia praecox is worse than in paranoia, and that homosexuality 'is not at all likely' in dementia praecox, while it is the very basis of paranoia.

There is hardly a psychiatrist today, be he also a trained psycho-analyst or not, who would support the above nosological divagations of Freud. These seem to make up the debt Freud unwittingly paid to his teachers and to his own generation of psychiatrists who rejected his new theories. Freud seems to add to the apparent confusion when he states that paranoia must remain an independent clinical entity, even though it shows certain schizophrenic features. Freud does not discuss the fundamental aspects of schizophrenia; he merely uses the term. He gives the impression of not having fully assimilated Bleuler's new concept—and he treats it as if it were merely a new word.

All this appears at first truly baffling. Was Freud really so ignorant about psychiatry? And if he was so ignorant, it was never a characteristic of Freud to cover his ignorance with a shroud of confusion and parade it under the guise of clinical knowledge. Such things have been done many times, but not by Freud, never by Freud.

A clue may be provided by the following

statement of Freud: 'Our hypotheses as to dispositional fixations in paranoia and paraphrenia make it easy to see that a case may begin with paranoic symptoms and may yet develop into dementia praecox, and that paranoic and schizophrenic phenomena may be combined in any proportion.'

No one nowadays would speak with such baffling ease about these matters. Today we use the term 'schizophrenia' almost exclusively, and as far as I am aware the distinctions which Freud seems to have seen are no longer recognized. We cannot imagine a case of schizophrenia (whether we would still call it D-P or paranoia or catatonia) with the mechanisms of projection and the unconscious homosexual conflicts being absent.

Yet it would be a real error to ascribe Freud's apparent nosological laxity and even confusion to nothing more than a sign of the times. I am inclined to the view that Freud was rather aware of this, his nosological laxity, but that essentially he was indifferent to nosological entities, since they created a disease outside a person, so to speak. The fact that he spoke of 'endopsychic perceptions,' that depressions appeared to him such clear-cut dynamic reactions, that he pointed up the rôle of narcissism in psychoses, that he considered the whole psychotic trend as an attempt at recovery and thought it was this attempt that was mistaken for a disease by the traditional nosologists, that the rôle of the ego and its relation to reality was brought forward so poignantly ('What was abolished internally returns from without'), that 'paranoia decomposes just as hysteria condenses; or rather, paranoia resolves once more into their elements the products of condensation and identification which are effected in the unconscious'—all these considerations and allusions lead me to believe that Freud was really a true disbeliever in

psychiatric nosology. He used whatever nosology was at hand, but fundamentally it was the degree of the individual's integration that marked for him the given mental pathology. Whether it was the libido theory in the narrow sense of the word or the earliest beginning of his ego psychology that Freud used, he seems to have cared more for what was going on in the person and how it was going on, than for what name could be given it and what seat in the brain might be found for it.

As a result, the whole field of psychopathology from the mildest neuroses to the severest psychoses seems to have appeared on Freud's horizon as an endless series of endless degrees of integration of the total personality. Under the circumstances clinical pictures as such appear of very little, or at any rate of secondary, importance; one may start with one and end with another clinical picture. Freud never said it specifically, but Morel's idea of transmutation of clinical pictures seems to have been close to Freud's fundamental psychiatric orientation.

This fundamental orientation appeared at first so confusing, even lax, only because the academic scientific psychiatry of the time when Freud began his scientific and practical career failed to recognize the importance of individualization for a true psychopathology. Freud sensed it from the very outset, but before he fully stated the humanistic individualism on which psycho-analysis is based, he seems to have passed through a transitional period during which he used an old terminology and attempted to pour into it a new content. The practical usefulness of that terminology gradually disappeared as the terminology disappeared from Freud's writings, and the new dynamic content of an indivisible human person took precedence over other purely formal clinical considerations.

THERAPEUTIC CRITERIA OF PSYCHO-ANALYSIS¹

By EDWARD GLOVER, LONDON

Some thirty years ago Hanns Sachs, that past-master in the finesse of expectant analysis, was wont to say that even the deepest analysis did no more than scratch the surface of an unconscious continent. Some fifteen years later a prominent analyst in this country expressed the diametrically opposite view that no analysis could be regarded as satisfactory that did not uncover the infantile depressive position, a stage of organization which, I now gather, is held by some to develop during the first few months of post-natal life! To this sweeping generalization an enthusiastic colleague, at a time when there were between thirty and forty practising analysts in Britain, added the esoteric rider that the number of analysts who could compass this feat could easily be counted on the fingers of one hand.

About twenty years ago, I circulated a questionnaire with the intention of ascertaining what were the actual technical practices and working standards of analysts in this country. Full replies were obtained from twenty-four of twenty-nine practising members, from the examination of which it transpired that on only six out of the sixty-three points raised was there complete agreement. Only one of these six points could be regarded as fundamental, viz., the necessity of analysing the transference; the others concerned such lesser matters as the inadvisability of accepting presents, avoidance of the use of technical terms during analysis, avoidance of social contact, abatement from answering questions, objection to preliminary injunctions and, interestingly enough, payment for all non-attendances, a ruling which, I am glad to know, is nevertheless honoured by some in the breach.

Since that time and despite many symposia on the subject, there is no evidence that even an approximate consensus of opinion on therapeutic criteria has been reached. On the contrary, even if we exclude such schisms as arise from the plain abandonment of psycho-analytical principles, the tendency to fission within analytical groups in this and other countries has come to affect more and more the criteria

that should govern psycho-analytical therapy. These fissions can on the whole be traced to two main factors, first, the increased pressure of social demand for psycho-therapy, giving rise in turn to a desire on the part of many analysts to supply the demand by shortening the unconscionable length of many analyses; and, second, the development of fundamental differences regarding analytical theory and etiology.

The first of these factors has no doubt been reinforced by the increase in size of analytical groups, which have been infiltrated to an increasing extent by psychiatrists and pediatricians and, although at a subordinate level, by the influence of social, educational and academic psychologists who, imported into team-researches, have brought with them the descriptive techniques and statistical traditions of their own sciences. The situation is well epitomized in the demand of Alexander and French² that the technique should be adapted to the illness, not the illness to the technique, and, *à propos* of their so-called 'flexible technique', the sweeping but, alas, untenable proposition that 'every therapy which increases the integrative functions of the ego should be called psycho-analytic no matter whether its duration is for one or two interviews, for several weeks or months, or for several years'.

The second factor, namely, the development of fundamental theoretical differences, is farther reaching in effect. We need not go afield to find psycho-analytical societies riven by such differences, with extreme groups holding mutually incompatible views, the opposing sections being held in uneasy alliance by 'middle groups' whose members, as is the habit of eclectics the world over, compensate themselves for their absence of originality by extracting virtue from their eclecticism, maintaining, either implicitly or explicitly, that, whether or not principles differ, scientific truth lies only in compromise. Despite these eclectic efforts to maintain a united front to the scientific or psychological public, it is obvious that in certain fundamental respects the techniques prac-

¹ Paper read at the 18th International Psycho-Analytical Congress in London on July 27, 1953.

² Alexander and French: *Psychoanalytic Therapy*, New York: Ronald Press, 1946.

tised by the opposing groups must be as different as chalk from cheese.

When to all this we add the claims of some hypno-analysts, narco-analysts, play and pedagogic therapists and sometimes even group-analysts that, if their techniques are regulated by analytical knowledge and understanding, these too may be included under the heading of psycho-analysis, it will be apparent that there is some justification for reviewing at Congress intervals the state of our therapeutic criteria.

But first of all it is necessary to consider the almost unique obstacles that confront anyone who seeks to pursue this investigation, the most important of which are indeed rarely referred to in the customary symposia on the subject. Pre-eminent amongst these are the sedulously cultivated assumptions that participants in such discussions hold roughly the same views, speak the same technical language, follow identical systems of diagnosis, prognosis, and selection of cases, practise approximately the same technical procedures and obtain much the same results, which incidentally are, by common hearsay, held to be satisfactory.

Not one of these assumptions will bear close investigation. We have next to no information about the conduct of private analytic practice which up to the present is much more extensive than clinic practice. Moreover, such figures as are published regarding clinic practice would in the majority of cases be rejected as valueless by any reputable statistician, uncorrected as they are for methods of diagnosis and selection, for length of treatment, for method of treatment, for after-history and for spontaneous cure. Indeed apart from an occasional reference to a case that may have remained well for some years, we have no after-histories worth talking about. Certainly no record of failures. This absence of verifiable information, when added to the loose assumptions I have already set out, fosters the development of a psycho-analytical *mystique* which not only baffles investigation but blankets all healthy discussion.

I have included therapeutic efficacy in the list of unwarranted assumptions, not because I believe results constitute a reliable check on

therapeutic criteria, but because a defensive reserve on this subject has contributed more than any other factor to perfectionist notions regarding the wide therapeutic applicability of psycho-analysis, and consequently to assumptions regarding the criteria of psycho-analysis that are at the same time perfectionist, unfixed, and uncontrolled.

Incidentally in a recent review of recorded psycho-therapeutic results, made by Eysenck³ for polemical purposes of his own, the author found that the percentage of cases 'cured', 'much improved' and 'improved' by psycho-analysis was 44 per cent.⁴ of 760 as compared with 64 per cent. of 7,293 cases treated by eclectic methods of general psychotherapy; and he quotes Denker who found that 72 per cent. of 500 cases *not* treated by special psychotherapy recovered within a period of two years and 90 per cent. within five years! Granted that such surveys are far from accurate, if only because no common standards of selection are employed, nevertheless it is clear that if therapeutic results constituted a criterion of the validity of the theories on which treatment is based, and if the general trend of Eysenck's figures is even approximately accurate, then theories of suggestion would rank high as explanations of mental activity and theories of the social (environmental) causation of neuroses would receive substantial reinforcement. Even so it would still be an open question whether the 44 per cent. credited to psycho-analysis were strictly psycho-analytical results, for in a considerable number of instances the length of the treatment did not exceed five months' duration, a period which most analysts in this country would nowadays regard as indicative of a prematurely interrupted analysis. However that may be, absence of correction for variable factors adds urgency to the problem of criteria, in particular the necessity to establish fixed methodological standards; for clearly if to the welter of clinical variables we add a number of methodological variables, we cannot attach *any* scientific significance to general impressions or assumptions regarding *any* form of psychotherapy.

³ H. E. Eysenck: *The Scientific Study of Personality*. (London: Routledge and Kegan Paul, 1952.)

⁴ By making allowances for cases that did not complete treatment, Eysenck subsequently raised this figure to 66 per cent. It is probable, however, that this correction is too wide and that, as far as clinic treatment is concerned, the figure of 50 per cent. is fairly representative. Moreover the inclusion of an 'improved' group

artificially inflates such statistics. No distinction is made between 'symptomatic' improvement and a 'general' improvement such as might occur without psycho-analytic treatment. We may be pretty certain that unless the case is marked as 'much improved', the therapeutic result is not satisfactory, making due allowance, of course, for the possibility that some cases are selected in spite of a poor prognosis.

Having excluded the factor of therapeutic efficacy we are left with about twenty-four main factors with which to attempt a definition or standardization of psycho-analytical therapy.⁵ For convenience in presentation these can be ordered in three main groups; namely, metapsychological, clinical, and methodological. Needless to say the allocation of factors to each of these headings is somewhat arbitrary; for many of them, transference analysis for example, could be assessed under all three headings.

Beginning with *metapsychological criteria*: these can be arranged roughly in two sub-groups, depending on whether they are based on theories of general mental function or on theories of symptom-formation (in other words, on etiological considerations). Of the general metapsychological factors, namely, dynamic, structural, and economic, the *economic* provide the least satisfactory criteria; for although the state of repression is still the determining factor in symptom-formation, and the most elusive of all conditions of defence, recognition of the part played by other auxiliary mechanisms no longer permits us to rate the reduction of amnesias as one of the main clinical checks on the analytic process. Here the argument is complicated by etiological considerations and by the fashions of analysis. Regarded etiologically it is legitimate to distinguish, for example, between the therapeutic importance of repression factors operating in anxiety hysteria and the importance of introjection factors that operate in depression. On the other hand a good deal of the emphasis currently laid on introjection factors reflects a theoretical bias. If therefore we do apply economic criteria we must decide first to what extent it is a legitimate device to single out during analysis certain mechanisms, pathogenic or otherwise; and second how far analysis depends on abreaction or on readjustment of defence mechanisms, the test case being of course that of the transference.

The position of the psycho-somatic and of so-called traumatic states adds urgency to the problem whether economic analysis is pursued for the purpose of bringing about structural changes or for the relief of dynamic (functional) stresses. For example, the relieving of functional stresses, even when based on analytical understanding, is not specifically an analytical procedure, although, particularly in the psy-

choes, it may well constitute an essential preparatory stage of analysis.

Secondly, although the dynamic criterion would appear to provide the most appropriate measure of a psycho-analytical situation, it is, after the economic criterion, the most indefinite and ill-defined of all metapsychological standards. It is unsatisfactory in the first place because of differences regarding the respective roles of libido and aggression in symptom-formation, differences which are expressed in the modern tendency to separate the analytical sheep from the goats in accordance with the degree to which they 'analyse the aggression', to use the cant phrase. In the second place it blurs the distinction between analytical and non-analytical therapy, as is seen in the case of Alexander's substitution of the term 'Dynamic Psychiatry' for psycho-analysis. All psycho-therapy is an exercise in mental dynamics, yet transference exploitation differs radically in principle and practice from transference analysis. In the third place its exclusive application tends to sidetrack the question of stages in analysis.

The concept of stages is essentially a *structural and developmental* concept, yet cannot be avoided; for even if we say that psycho-analysis is only a process of mental scratching we must admit that both quantitatively and temporally it must have at least three phases, a beginning, a middle, and an end. Libido and transference analysis also predicate at least three stages; and if we use ego and super-ego standards, a much larger number of stages could be indicated. Even if we base our description of the analytic situation on the relation between primary and secondary processes, as we might well do, there must be a phase of uncovering, a phase of maximal analysis of the uncovered, and a terminal phase during which the field is gradually left to the secondary processes. If, however, we agree on the existence of stages then no therapy that does not pass through these stages can strictly be called a psycho-analysis. For what it is worth my impression is that the majority of analyses are discontinued rather than terminated in the technical sense, that is to say they never pass through a terminal *stage*, and that a large proportion of those allocated, on the strength of increased social adaptation, to the 'improved' group are strictly speaking 'stalemate analyses'.

For reasons of space I have not subdivided the *structural* group, although it is obvious

⁵ See Appendix to this paper.

that structural factors, though by no means foolproof, offer the most ready means of standardizing psycho-analytical technique. It is clear, however, that if we concentrate on ego-criteria, we require not only a wide extension of our concept of stages but more precise standards of diagnosis, prognosis, and selection of cases. To put the situation as simply as possible: if we distinguish between ego-analysis and super-ego-analysis and if we recognize stages in the development of both ego and super-ego, at any one of which specific disorders may have their major fixation-points, we have added considerably not only to the total number of therapeutic criteria but to their selective application. In principle an analysis that neglected the appropriate level could then be disqualified as a true analysis, though not of course as a useful non-analytical procedure.

Perhaps the most fundamental issue, involving both dynamic and structural criteria of psycho-analysis, is the level of structural organization below which transference analysis in the accepted sense is not possible. This is of greatest significance in the analysis of the psychoses where the fate of treatment may well be settled by primitive types of transference within the first of few sessions, but it is important also to discover how far these factors play a part in the ordinary run of analyses. To be sure, the existence of primitive unmanageable transferences would not reflect on the transference analysis of later levels; we could still maintain that psycho-analysis differs from other psycho-therapeutic methods to the extent that such transferences as *can* be analysed *are* analysed. In this connexion we must treat with considerable reserve the usual lecture-room assumptions that in a full analysis all transferences are invariably and fully analysed. Experience of the post-analytic reactions of candidates is of itself definite proof to the contrary of this proposition.

Finally we must come to some conclusion as to the significance of ego-education. By this I do not mean the total effect of analysis on the immature parts of the ego that are partly responsible for mental disorder, but specifically the processes of 'working through' and of 'ego-education' which figure commonly in the analysis of adult character cases and in child analysis respectively. These are processes in which transference influences play a vital part and it is therefore important to distinguish legitimate analytical varieties from occult suggestion. If, for example, 'working

through' takes the form of elaborating over a prolonged period a system of pre-selected interpretations, and if these are not in fact the appropriate interpretations, the treatment automatically becomes transference therapy and cannot strictly be called psycho-analysis. On the other hand, working through can be regarded as a legitimate process of 'ego-education' to be distinguished from those forms of ego-education which in the case of children are sometimes introduced as a preliminary to analysis. Stages of ego-pedagogy may often be unavoidable and indeed highly desirable, but it is open to doubt whether an analysis commenced in this way ever achieves the status of a true analysis even in its later stages. If it does not, the results obtained by such pedagogic analysis or analytical pedagogy should be recorded separately.

Turning to *criteria based on theories of symptom-formation*, it is sufficient to suggest that no analysis that does not reverse the order of symptom-regression, from introversion to return of the repressed and compromise-formation, can be called a psycho-analysis. If on the other hand, we assess the symptoms in more general terms of constitutional, predisposing, and precipitating factors, we have still to distinguish between on the one hand analyses that deliberately confine themselves to the relation between precipitating factors and the *immediate* predisposition that leads to symptom-formation, and on the other hand those expectant analyses that take the whole field of mental function as their base of operations.

These are matters that are best discussed under the second main heading—*clinical and psycho-pathological*. Here we are immediately immersed in the problem of what degree of direction, control, or modification of technique can be exercised without forfeiting the right to use the term psycho-analysis. Clearly those modifications necessitated by the type of disease (e.g. the psychoses and psycho-somatic states) and by the medical necessity to safeguard such of the patient's interests as he is himself incapable of safeguarding would not disqualify the total technique, provided they did not abrogate the procedures of association, interpretation, transference-analysis, and resistance-analysis, in other words, provided they served to keep open and extend the analytical situation, rather than contract and focus the analysis. Even so we would again have to decide whether resistance-analysis refers to specific resistances

by which the symptom-formation is immediately buttressed or to the total functional defences of the mind. This I suppose was in part the issue that Alexander had in mind when he recommended in all but severe chronic neuroses the use of a 'flexible' as opposed to a 'standard' technique. The issue is of course a legacy from the days of purposive 'complex analysis' and 'symptom analysis' and at the same time a mute protest against the futility of many 'expectant analyses'. Fundamentally it raises the whole problem of clinical selection of cases, a problem which again cannot be solved until we have trustworthy statistical data on the subject. This problem of 'selective analysis' is one that cannot be burked. There is no doubt that under the terms of 'expectant analysis', only clinical standards of resistance can prevent the whole range of mental development being drawn into the analytic orbit. But 'general' resistances, which are in any case characteristic of normal mental processes, can with some right be distinguished from 'specific' resistances, and until we do make such distinctions, it is difficult to lay down resistance criteria. Of this we may be certain, that if the psycho-analysis of a given psychic disorder involves the uncovering of all stages of mental development or of all ego-nuclei, then few of the cases which are commonly rated as 'complete analyses' have any real claim to be so designated.

Regarding 'active analyses', which must be distinguished from 'selective' analyses, one generalization may be permitted, viz., that those modifications, which are not justified by symptomatic considerations and which reflect a need on the part of the analyst to deliver himself from a stagnant or stalemate analysis of a badly selected case, constitute an abandonment of psycho-analytical technique. Nor can we include under the heading of psycho-analysis such play-techniques as have recently been advocated by Rosen⁶ for use in the psychoses. For although it may be argued that they are dictated by clinical necessity and although they may be founded on psycho-analytical understanding, they correspond more to the psychodrama techniques of the eclectic and to those pedagogic play techniques that are now rustered in eclectic child guidance clinics throughout the country, and which depend mainly on transference exploitation.

At this point we may conveniently pass to the third or *methodological group* of criteria. Leaving out of account hypno-analysis and narco-analysis, for these are in the last resort only refined modifications of hypnosis and narco-therapy, what, we may ask, are the modifications of the technique of association, interpretation, transference-analysis, and resistance-analysis which forfeit the title of psycho-analysis. Regarding association we may say that when for any reason association is suspended, analysis is suspended, and except in psychotic crises where the primary processes have already seized the approaches to consciousness, suspension of the association rule stamps the total technique as non-analytical.

On the issue of interpretation little doubt can exist. Analysis stands or falls on the accuracy of interpretation. It is over twenty years since I pointed out that inexact interpretation, whether therapeutically effective or not, is a form of suggestion.⁷ *When therefore any two analysts or groups of analysts hold diametrically opposed views on mental mechanisms and content, it is clear that one of them must be practising suggestion.* Reinforced by transference throughout an analysis of some years' duration, the power of this suggestion must be well-nigh irresistible. Without question this problem of 'continuous inexact interpretation' is the most urgent of those confronting investigators of therapeutic criteria. No amount of casuistic argument, e.g. that analysts must be allowed considerable latitude in their handling of cases, can set it aside. It is for this reason in particular that we must include the analysis of the analyst among the technical modifications which determine whether any practitioner does or does not practise psycho-analysis. For it is inherently improbable that an acolyte nourished for years in a particular tradition of interpretation will ever have the courage to confess the failure of his training and set about a sound analytical re-orientation. On the contrary he is much more likely to preserve his self-respect by maintaining a fanatical conviction of the special virtues of the traditions on which he has been nourished.

Coming now to variations in the handling of the transference, a few generalizations may be permitted: first, and most obvious, that without transference analysis, no psycho-therapy can be called psycho-analysis: second,

⁶ Rosen: *Psychiatric Quart.*, 21, 3, 1947.

⁷ Glover: 'The Therapeutic Effect of Inexact Interpretation,' *Int. J. Psycho-anal.*, 12, 1931.

that so-called control of the transference through attitudes of the analyst (i.e. counter-transference) is simply rapport therapy; and third, that standards based on the development of a 'transference-neurosis' within the analytical situation are applicable only in the clinical transference neuroses.

Passing over the methodological aspects of resistance-analysis, of active methods, of the singling out of instinctual factors, or of particular mechanisms, and of the totality or completeness of analysis, to all of which brief reference has already been made, we are left with the factors of length and continuity. As regards length, which is frequently but erroneously held, especially by those who conduct analysis of four to five years' duration, to be equivalent to depth, it is perhaps sufficient to say that the whole problem is at present completely prejudiced by the analyst's tendency to justify stagnant and stalemate analyses; for, however bright its beginnings the interminable analysis ends ignominiously as occult transference therapy. On the other hand there are a number of obvious objections to including short term work under the heading of analysis, chief amongst these being that it depends on a 'transference-directed' anamnesis rather than on analysis. Analysts have themselves added greatly to the difficulty in assessment by their somewhat envious depreciation of the results of short-term work which are held, quite erroneously in many cases, to be impermanent. These are matters that can be determined only by statistical control. When coming to a decision on this question of length it would be well to remember that the earlier analysts were accustomed to conduct analysis of six to twelve months' duration which as far as I can find did not differ greatly in ultimate result from the results claimed at the present day by analysts who spin their analyses to four or five years.

Continuity is a different matter, and as far as standard analysis is concerned is subordinate to the needs of the terminal phase. When employed in the earlier phases, 'staggered analysis' is no different from repeated doses of 'short-term analysis' and cannot therefore qualify for consideration as a true analytical process. This again raises a problem of particular significance in the analysis of training candidates, namely, the status of 're-analysis', a process which can be distinguished from a 'staggered analysis', either by the length of the

interval between analyses or by change in the analyst conducting it. Both sentimentally and scientifically regarded re-analysis would appear to be a laudable training device, yet from observation of the process in the case of patients, there seems to me good reason to consider whether the factors of rapport (counter-transference) do not play a decisive part in it. Even more so in the case of the 'switched' analysis.

Summing up this extremely cursory review a few rough generalizations may be permitted. Without some reliable form of standardization of technique there can be no science of psycho-analysis, for if we cannot standardize the behaviour of the patient, we must at least be able to standardize the behaviour of the analyst. In this connexion it may be observed that it is easier to say what is *not* psycho-analysis than what *is* psycho-analysis. Secondly, in view of the great number of unchecked variables and the absence of controlled observations, provisional findings on the subject must in the meantime be based on theoretical rather than on practical considerations; a very unsatisfactory state of affairs, for, taking into account the existence of theoretical differences on important issues, this means that the provisional conclusions must allow for as much as a 50 per cent. margin of error. This is much too wide a margin. In the old days it was sufficient to say that whoever based his therapy on his belief in the unconscious, in infantile sexuality, in repression, in conflict, and in transference could call himself a psycho-analyst. And in spite of our most ambitious training schemes, this standard is still not wide of the mark. How far we can extend these criteria will in my opinion depend, firstly, on the degree to which we can succeed in eliminating from our deliberations the influence of a 'defensive, esoteric but so far unconfessed mystique'. Although elimination of the esoteric is supposed to be one of the tasks of the training analysis there are in my view few signs that this important aim has so far been achieved.

Secondly it will depend on the extent to which we can establish clinical in addition to theoretical criteria. Both of these requirements are, I venture to say, of extreme moment to the future of psycho-analysis; and I would suggest that they cannot be reached in the amiable give-and-take atmosphere of the customary symposium: they call for the close application of controlled research methods on an international scale.

If as the result of these researches it should prove necessary to discard some of the rather glib assumptions I have indicated, so much the better for our science. Psycho-analysis has no need to keep up appearances, but it does need to delimit as accurately as possible its uses as a therapeutic agent.

APPENDIX:

FACTORS ON THE STANDARDIZATION OF WHICH THERAPEUTIC CRITERIA CAN BE BASED

(Controversial issues and cross-references noted in brackets)

I. Metapsychological

- A. *Based on theories of general mental function.*
 1. *Dynamic*: the relative importance of libido and aggression in the therapeutic process (*controversial*: see also III F): transference v. distributed analysis (see also II D and III C).
 2. *Structural*: the standards of ego and super-ego analysis (*controversial*: see also III H), their relation to symptom-analysis (see also II A, B, C): the status of the 'character analysis' and of 'ego-education' in adult and child respectively; the structural level below which transference analysis is impossible.
 3. *Economic*: the special case of repression: memory recovery v. reconstruction: the singling out of special mechanisms, e.g. introjection, etc.: (*controversial*: see also II A, B, C and III G): abreaction v. alteration of the balance of mechanisms: structural v. functional modification.
 4. *Stages in analysis*: in terms of libido, transference, ego-structure or relation of primary to secondary processes: the standard of the 'complete' analysis (*controversial*: see also II A, B, C): the status of 'incomplete', 'stalemate' or 'stagnant' analyses: are they analyses?
- B. *Based on theories of symptom-formation.*
 1. *General*: the range of analysis of predisposing and precipitating factors in different disorders: relative importance of general and specific defence-resistance (see also II A, B, C).
 2. *Special* (a) the reversal of the regression series from introversion to compromise formation; (b) symptom-resolution: the status of the 'interrupted' analysis of 'refractory' symptoms: analysis or not? (see also III K).

II. Clinical (psycho-pathological)

- A. Selective analysis of pathogenic foci: the 'unconscious complex' theory: analysis or not? (see also I B, 1 and 2).
- B. Selective analysis of symptom-formations: specific v. general defences: the respective status of regulated and expectant analysis (*controversial*: see also I B, 1 and 2).
- C. Modifications according to the type of disorder: legitimate and non-analytical types (*controversial*: see also I B, 1 and 2).
- D. Special case of 'handling the transference' in different types of disorder or in different stages of the analysis (*controversial*: see also I A, 1 and 4 and III C).
- E. The handling of precipitating factors (*controversial*: see also I B, 1 and II A, B, C).

III. Methodological

- A. *Association*: suspension of the rule at certain stages in the analysis of certain disorders? legitimate or non-analytical (*controversial*).
- B. *Interpretation*: validity of different systems: systematic 'inexact' interpretation as a method of suggestion (*controversial*).
- C. *Transference-analysis*: its regulation: legitimate or non-analytical (see also I A, 1 and 2 and II D).
- D. *Resistance-analysis*: its scope: non-analytical aspects of 'working through': the 'stagnant' analysis (see also I A 3 and 4 and II D).
- E. *Active methods*: legitimate and non-analytical types (*controversial*).
- F. *Instinct-analysis*: selective standards: clinical or etiological criteria (*controversial*: see also I A, 1 and I B, 1).
- G. *Mechanism-analysis*: selective standards (*controversial*: see also I A, 3 and I B, 1).
- H. *Ego-analysis*: depth of: psycho-pathological or general standards (*controversial*: see also I A, 2 and II A, B, C).
- I. *Counter-transference*: legitimate degrees of guidance in certain types of disorder (*controversial*).
- J. *Length*: relation to 'depth' (see also I A, 2): the status of the 'short analysis', the 'long analysis': the 'stalemate analysis' and the 'interminable analysis': relation to suggestion therapy (*controversial*: see also II A, B, C).
- K. *Continuity*: the 'staggered analysis': legitimate and non-analytical types: the status of 're-analysis' (*controversial*: see also I B, 1 and 2).
- L. *Training analysis*: its accuracy and totality: its function as a technique-control: relation to suggestion (subsuming all the factors indicated above: *controversial*).

ON PSYCHOTIC IDENTIFICATIONS¹

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Not only in the manic-depressive but also in the schizophrenic groups of psychoses, pathological mechanisms of identification seem to play a paramount part in the psychotic symptom formation. From Freud's, Abraham's, Rado's, Klein's papers, we are familiar with the narcissistic identifications underlying the delusional ideas in manic-depressive states. But apart from the paranoid projections, the nature and functions of the identification mechanisms operating in schizophrenic processes have not been so systematically investigated.

It is a challenging task indeed to study and to compare their nature and their role in symptom formation with the corresponding phenomena in manic-depressive psychosis. The time allotted to this presentation does not permit of more than a very limited approach to the problem. May I begin with the statement that evidently, in the regressive processes induced by the psychosis, early preoedipal mechanisms of identification are revived whose general characteristics I wish to define, briefly, in contradistinction to normal ego identification.

For this purpose I may use the term 'self-representations', in analogy to 'object-representations'. This term refers to the endopsychic concept of the bodily and mental self which, built up in the course of ego formation, normally reflects the characteristics, the state, and the functions of our conscious and pre-conscious ego. The term is of special value for the study of psychosis, because in these disorders the realistic representations, not only of the object world but also of the self as an integrated entity, are apt to break down and to be replaced by distorted, unrealistic, delusional concepts. In fact, the psychotic is confused about both, about the objects and his own self;

a state which reminds us of the early infantile stage before the boundaries between the self and the love objects have been firmly established, a stage when the child is flooded by magic images of the object world and of his own self. At that stage the child's need to maintain his magic world and to regain union with his love objects leads easily not only to re-fusions between omnipotent paternal and maternal images, but also to a blending of such images with those of the self. Such magic union between mother and child is easily achieved whenever close physical contact with her is experienced. The temporary partial or total merging of self-images and love-object-images finds expression in the child's feeling that he is part of his omnipotent love objects, and *vice versa*; in his narcissistic dependence on his love objects; in his temporary belief that imitating, playing father or mother, means really being or becoming his parents. Such mechanisms precede and prepare the development of ego- and superego-identifications which arise from strivings, no longer to be one with or to be the love object, but to become *like* it in the future. In short, whereas the early identifications are magic in nature and lead to phantasies or even to the temporary belief that one is one with or has become the love object, regardless of reality, the ego-identifications are realistic; they promote and eventually achieve real changes of the ego, which justify the feeling that one is at least partially like the object of identification. We shall presently study the disintegration of object relations and normal ego- and superego-identifications, and their replacement by such regressively revived magic identification mechanisms in a manic-depressive and a schizophrenic case.²

¹ This paper, read at the 18th International Psychoanalytical Congress, London, July, 1953, is an abridged and modified version of the paper presented at the Symposium on Identifications held at the Midwinter Meeting of the American Psychoanalytic Association, New York, December, 1952, published under the title 'Contribution to the Metapsychology of Psychotic Identifications' (*J. of the Amer. Ps. Ass.*, 2, 1954).

² It is evident that much of what is to be explored in this paper relates to the findings and propositions of M. Klein and her followers.

This is not the place to discuss the points of agreement or of differences of opinion. However, the following remarks and footnote 3 may contribute to the clarification of at least some terminological and conceptual differences. I am referring to M. Klein's concept of the

May I introduce the case material by a brief formulation which, though it simplifies matters, may highlight in advance the different nature of the identifications in either kind of psychotic disorder. It appears that the manic-depressive, who demands continuous narcissistic supply from his love object, treats himself in his delusions of worthlessness or of grandeur respectively as if he were the bad or the good love object; whereas the schizophrenic in the prepsychotic state tends to imitate, to behave as if he were the love object and, when delusional, eventually may even consciously believe that he has become another object. Let me now briefly report two cases.

Some years ago, I treated a woman of forty suffering from her fourth depressive period. Each time, her depression had been introduced by increasing irritability and hostility towards her husband and children, which in the course of some weeks would give way to a typical depressive state with severe anxieties, retardation, withdrawal, and continuous self-accusations.

The patient came to see me in a state of transition from the first to the second stage of illness. At first she would mainly bring forward endless complaints about her husband, his inefficiency and selfishness, his aggressiveness and moral worthlessness. Quite insidiously the subject of her complaints began to change, and she herself became the centre of such attacks. One day during this phase she suddenly interrupted her alternate attacks on herself and her partner and said:

I am so confused, I don't know whether I complain about my husband or myself. In my mind his picture is all mixed up with that of myself, as if we were the same person. Actually,

'introjected' versus the 'external' objects and more generally to her conception of introjection versus projection of objects.

Commonly the idea of an introjection of objects pertains to the process of introjection of objects into the ego (the self) or the superego, i.e., to processes of identification. M. Klein, however, equates the introjection of objects on one hand with the constitution of object-images, on the other hand with superego formation, and then again with preoedipal or more mature (ego) identifications.

I do not doubt that mechanisms of intro- and projection, based on fantasies of incorporation and expulsion of objects, underlie and promote the constitution of self- and object-representations in the ego, as well as the building up of ego- and superego-identifications. This fact, however, and the common infantile roots of all these psychic formations do not justify a blurring of their decisive differences. (See also footnote 3.)

³ In many near-psychotic or psychotic cases where the

we are alike only in our overdependence on each other. We cling to one another like two babies, each expecting the other to be a good mother. However, previously I have always been generous and giving, whereas he is stingy and selfish, expecting me to give myself up for him. Now, I want to be taken care of. Maybe this is why I have become sick. I have felt powerless to change him, but my sickness will not make him love me either.²

In this outburst my patient had disclosed the nature of her melancholic mechanisms, with an awareness that is uncommon in depressives. She had consciously perceived her impaired sense of reality and the resulting fusion and confusion between the concept of her own worthless self and the 'bad, devaluated image of her partner. Moreover, the patient had frankly stated to what extent her fixation at the infantile stage of magic participation in an over-valued love object had predisposed her for this regressive process.

Her pathological state had announced itself first by denunciations of her husband's character, remindful of those of a disappointed little child. However, contrary to the child's rapid change from good to bad images of his love objects, her disappointment in her partner had kindled a profound hostility which made her look at him through dark glasses only. Within some weeks, her efforts to maintain the libidinous cathexis of her love object, her fear of annihilating the 'good image' on which she depended so greatly, had turned her hostility increasingly towards herself. A pathological identification process had been induced, which one might rather describe not as an introjection of the love object into the ego but as a gradual absorption and replacement of the 'bad-husband'-image by the image of her own worthless self.³

normal boundaries between self and objects are dissolving or where the superego system is regressively re-personified, we may find symptoms and phantasies referring to 'introjected objects', sometimes to 'body introjects', such as described by M. Klein. These 'bad' introjects may be experienced as the bad, worthless part of the self, or again maintain the character of dangerous objects which threaten to destroy the self. Phantasy material of this type in small children and in psychotic adults, which it is M. Klein's great merit to have observed and described, may have tempted her not to maintain the necessary clear distinctions in her theoretical propositions (cf. footnote 2).

In the use of the term projection the same difficulties arise as with regard to the term introjection. In my last paper on depression I briefly emphasized the importance of distinguishing between endopsychic object-images and external objects. Strictly speaking, we may apply the term projection whenever something belonging to the self is ascribed to an object; i.e. whenever endopsychic object-images assume traits of the self or self-images

During one session the patient interrupted her repetitive self-accusations by suddenly mentioning her mother. 'When I listen to my endless self-reproaches,' she said, 'I sometimes hear the voice of my mother. She was a wonderful, strong woman, but very severe and disapproving. I was as dependent on her as I am on my husband. If he were only as strong and wonderful as she was.' With her usual lucidity the patient had not only indicated that unconsciously her husband represented the mother, but had realized that her superego had become so severe through reanimation of a powerful, punitive mother-husband-image.

This points to the restitutive function of the superego changes during the melancholic period. The first-described identifications resulted in the setting up of a deflated, 'bad' love-object-image within the self-image, a process intended to maintain the libidinous cathexis of the love object. As this effort for a solution of her ambivalence conflict failed, the libidinous cathexis was increasingly withdrawn from the real love object and, eventually, from the object world in general. The patient's object relations deteriorated; her ego functions were severely inhibited and slowed up. Instead of the dissolving realistic object-representations in the ego, a powerful and indestructible, but punitive and cruel mother-husband-image was resurrected and set up in the superego which thus became repersonified and changed its functions. Contrary to that of schizophrenics, however, the melancholic superego—even though repressively personified, archaic, and highly pathological in its functions—is maintained as a psychic system and gains even increasing strength by taking the place of the fading object-representations. In the endopsychic continuation of the struggle with the love object, the self maintains its utter dependence on the latter. It becomes, indeed, a victim of the superego, as helpless and powerless as a small child who is tortured by his cruel, powerful mother.

A manic condition may or may not follow the

depression. Such a state announces the ending of the period of atonement by reunion with the love object or super-ego, respectively, which now changes from a punitive into a good, forgiving, omnipotent figure. The reprojection of this almighty, all-giving object-image on to the real object world re-establishes spurious object relations. The patient throws himself into an imagined world of unending pleasure and indestructible power, in which he can greedily partake, without fear. We shall presently compare these mechanisms with the magic identifications developing in a schizophrenic episode.

A brilliant girl of twenty-seven, a social science student, went into an acute catatonic episode at the time when her second marriage was going to pieces. The nature of her disease had been established beyond doubt some years before; this was her second acute breakdown. Up to the time of her first attack she had been a very ambitious girl, emotionally cold, with distinctly megalomaniac, supercilious attitudes. She was forever in search of her own identity. She wished and at times believed she was a genius, an idea she shared with her schizophrenic mother.

Shortly before the onset of her acute condition, the patient had asked for an appointment. The reason for wanting to see me was her fear that her husband 'might have to commit suicide' should she desert him, as she was planning to do. Unaware of her own disturbed state, she assured me that she herself felt on top of the world except for her concern about Larry, the husband. Soon after the interview she flew into a rage, left him, and within a few hours developed a severe state of excitement. She rampaged through her hotel apartment, took a shower at two a.m., singing and making a lot of noise, etc. I rushed to her, and was easily able to establish contact and persuade her to go immediately to a sanatorium.

In the course of my talk with her, the girl—a pathetic, beautiful Ophelia clad only in a torn nightgown—pulled me down to the couch where she had seated herself. 'Let us be close,' she

respectively, or when parts of the self (body or mind) are experienced as objects or as coming from without (as in psychotic delusions and hallucinations). The object-images on which the self has been projected thus become commonly, but need not always be, attached to real external objects. However, if we were to equate object-images in general with 'introjected objects', as M. Klein does, projection would mean the projection of 'introjected objects', alias object-images, on the external object world; i.e. would represent the simple process of attaching or transferring inner object-images onto outside persons. To regard the process of transference as a

'projection' appears to me wrong and contradictory to Freud's definitions, even though transference phenomena may be of a projective nature.

To summarize: In my opinion, the terms introjection and projection refer to endopsychic processes—to be observed especially in cases where the boundaries between self- and object-representations are dissolving—where either the self may be constituted in the object (projection) or the object in the self (introjection). Since these terms have been frequently misused or applied too broadly, I have refrained from employing them too freely.

said, 'I have made a great philosophical discovery. Do you know the difference between closeness, likeness, sameness, and oneness? Close is close, as with you; when you are like somebody, you are only *like* the other; sameness—you are the same as the other, but he is still *he* and you are *you*; but oneness is not two—it is one, that's horrible—horrible,' she repeated, jumping up in sudden panic: 'don't get too close, get away from the couch, I don't want to be one with you,' and she pushed me away very aggressively. Some minutes later, she became elated again. 'I am a genius,' she said, 'a genius.' I am about to destroy all books on social science. I don't need them. I don't need teachers, to hell with them. I am a genius, I am a genius.' (Her husband was a social science teacher.)

When I took her in an ambulance to the hospital, she became calm, subdued, and depressed. 'I am dead now. Larry won't kill himself,' she said, taking out a little amulet, a tiny crab enclosed in a small plastic case. 'This is my soul,' she said, handing it to me. 'My soul is gone, my self is gone, I lost it. I am dead. Take it, keep it for me till I shall come out.' Then, in sudden panic: 'I don't want to die,' and she began to attack and to beat me, only to fall back again into her depressed mood. When we got out of the car at the hospital and I lit a cigarette, she snatched it away from my mouth, began to laugh and to smoke it herself. 'Now you can go home, I don't need you any more,' and she left in an elated mood.

This example may suffice for our purposes. The girl's acute breakdown was precipitated by conflicts with her severely compulsive husband, previously her teacher. Her object relations, prior to her episode, had in many ways resembled those of the 'as if' type described by Helene Deutsch. They were on an infinitely more magic, infantile level than those of the manic-depressive patient, which were characterized by a masochistic, over-faithful clinging to her partner and which had, in general, been steady. The schizophrenic girl simply chose partners to whom she could attach her own genius phantasies and, though brilliant, changed her interests with the respective lover's or husband's. She began to throw herself into social studies after falling in love with a social scientist who had impressed her as outstanding. When he did not respond, she easily displaced her phantasies and feelings from him on to another, and then on to a third man in this field who eventually married her.

In her phantasies, her lovers and their past mistresses would appear as composite figures which undoubtedly represented mixtures of infantile, omnipotent paternal and maternal images as well as projections of her own grandiose self. In dreams and even in her conscious imagery, she would easily exchange these objects or merge them with each other and with herself and attach attributes of the other sex or of both sexes on to them. Evidently these figures were fusions of split-up, infantile object-images which tended to be recomposed and distinguished only according to such organ attributes. Thus omnipotent, male-female, breast-phallus figures and castrated, breastless, injured, dead figures would be created, combining traits of various persons and of herself which lent themselves to her imagery.

The girl's episode announced itself by violent signs of open ambivalence and attacks of rage toward her husband. The final break appeared to have set in with a process of dangerous, sudden, irresistible instinctual diffusion: a situation of being enmeshed in a fatal struggle between extremely passive, masochistic strivings and severely sadistic, murderous impulses towards the love object. The patient, so far a latent schizophrenic, escaped from the intolerable conflict by a sudden break with reality and total regression to a magic, primary-process level. Her conflict found expression in the fear that either she or the love object must die or commit suicide. The tearing up of scientific books (magic murder of her husband 'in effigy'), the handing over of the amulet (symbol of her soul) to me, all this psychotic acting out reveals clearly the underlying conflict between wishful, sado-masochistic phantasies either of being destroyed by the object or of killing or having killed it.

The phantasy material of this girl prior to her episode, and of other schizophrenics as well, disclosed that the ideas of killing or being killed represent phantasies of devouring and incorporating or being devoured by the objects; phantasies with which we are familiar from M. Klein's work and Lewin's recent book on elation.

The murderous phantasies developed rapidly into delusional ideas and fears of either the object's or the patient's own imminent death. The belief in the object's death induced, temporarily, an elated mood and megalomaniac attitudes and ideas, which would quickly change to depressed states with panicky fears of imminent death and with experiences of losing the self or

of inner death. The girl's manifest ideas at the beginning of her episode enable us to understand the cathectic shifts and processes of identification leading to these delusional experiences and ideas. Her philosophical elaborations described step by step, in an almost clairvoyant way, her regressive escape from object relationship: 'closeness', to identification: 'likeness', to magic, total identifications: first 'sameness' and eventually 'oneness', i.e. complete fusion of self- and object-images.

In metapsychological terms, these processes may be described as follows. Even prior to her acute episodes, the girl's reality testing had been impaired, her concepts of the object-world and of her own self distorted by the invasion of highly irrational images into the ego and by the lack of boundaries between the different objects as well as between the objects and her own self. The episode announced itself by signs of increasing ambivalence and outbursts of fury toward her husband. The breaking point, however, was reached when her rage at him suddenly subsided as she coldly walked out on her partner. Evidently, the cessation of affects and the assertion of 'no longer needing' the husband were expressive of a complete withdrawal of all cathexis from the object. Whereas the libidinous cathexis had veered away from the object to the self, the aggression was, first, turned to inanimate object substitutes (the books) and, with increasing catatonic excitement, more and more diffusely discharged on the outside. Hence, a magic, total identification had taken place: as the object-representations were dissolving, the image of the murderous, powerful object had been set up in the image of the self, a process that found expression in megalomaniac, aggressive self-expansion and the idea that the object had died. Fear and hate of the object had disappeared; the self threatened by the omnipotent object had been saved by the magic murder of the object.

This state, however, was only temporary and was soon followed by the reverse process which restored the object, though by magic destruction of the self. Apparently the entire libidinous cathexis had now been called away from the self-image and turned back to the object-image. A powerful, threatening object-image had thus been resurrected at the expense of the self, an image which during my visit became immediately attached to me. Surrender followed by panicky fears, feelings of losing the self and dying, and renewed outbursts of rage towards

me, as the murderous object, were indicative of the threatening dissolution of the self-representations which had been emptied of libido and connected with destructive forces.

Longer periods of observation show the enormous cathetic fluidity in schizophrenics and their inability to tolerate ambivalence, which M. Klein has stressed particularly. They tend to decathect an object completely and to shift the entire (libidinous or aggressive) cathexis not only from the object to the self and *vice versa*, but also from one object to the other; furthermore, to throw all the available libido temporarily on to one object while cathecting another one or the self, respectively, with all the aggression, and to reverse these processes rapidly. In the further course of such episodes one can see how the processes of restitution succeed in resurrecting and reorganizing new, more or less fixated, delusional self- and object-representations. To go further into the schizophrenic restitution processes would overstep the boundaries of this paper. When such delusional new composite object-image units become reattachment to real persons, they lead to the re-establishment of pathological, paranoid object relations. Since reality testing may temporarily still be effective in certain ego areas, relations to the outside world may then simultaneously operate on both a realistic and a delusional level.

We shall now compare these processes to the corresponding mechanisms in manic-depressives. Contrary to schizophrenics, it is characteristic of manic-depressives that the double introjection mechanisms still aim at and succeed in maintaining the situation of dependence of the self on a powerful, superior love object. This statement is in agreement with opinions previously expressed by M. Klein. In the endopsychic continuation of the conflict, in the melancholic state, the self passively surrenders to the sadistic superego as once to the love object. But even in the manic state where the archaic, punitive love-object-image or superego, respectively, turns into a loving one, its reprojection on the outside permits the self to feel part of and to feed on a highly pleasurable, good, indestructible object world. Thus the aggrandizement of the manic encompasses and depends on an illusory, grandiose world.

Comparing these mechanisms with the corresponding processes described in the schizophrenic case, we notice that this patient's grandiose, elated states as well as her states of depression and panic with fears of dying or of

committing suicide are no longer the expression of conflicts of reconciliation between superego and self. In fact, schizophrenics appear to have a severe intolerance to feelings of guilt, coupled with their inability to ward off the guilt-provoking impulses by normal or neurotic defence mechanisms.

Whereas in melancholics the superego by absorbing punitive, powerful parental images gains control over the self, we may observe the opposite in schizophrenic patients: an escape from superego conflicts by a dissolution of the superego and by its regressive transformation back into threatening parental images. For such processes, the schizophrenic is evidently predisposed by his defective ego-superego formation. As in the case of the schizophrenic girl, we may find it difficult in schizoid persons to distinguish the ego ideal from their ambitious ideas and their phantasies of simply sharing the omnipotence of their love objects. The superego fears are frequently replaced by fears of omnipotent, dangerous images attached to outside persons. Instead of guilty fears and submission to a destructive superego as in melancholia, schizophrenics hence experience, as our patient did, fears of being influenced and persecuted or of being killed by murderous parental figures.

On the other hand, their grandiosity and elation, contrary to that of manic patients, is autistic in nature. Instead of feelings of owning and partaking in a world of unending pleasure, schizophrenics may show the grandiose belief of being the lonely genius who does not need the world, or of being the omnipotent, evil, or good ruler of mankind who can control, destroy, or

rescue a doomed world.

In summary, we may say that in manic-depressives the regressive processes do not go so far, do not lead to total identifications, but lead up to a severely pathological conflict—or harmony—between the self and the superego, whereas in schizophrenics the deterioration of ego and superego proceeds much further; the struggle between ego and superego is retransformed into conflicts between magic self- and object-images within the deteriorating ego, whereby the self-images and the object-images may alternately dissolve and absorb each other. In so far as powerful, lasting object-images are reconstituted and reprojected on the outside world, the ego-superego conflicts change into homosexual, paranoid conflicts and fears of either killing or being persecuted and killed by outside representatives of these terrifying figures.

If I stated in advance that the manic-depressive treats himself as if he were the bad or good love object, whereas the schizophrenic behaves as if he were or even believes himself to be the object, the meaning of this difference has now become clearer. It points to the tendency and effort of the manic-depressive to submit to or reconcile with, but in any case to keep alive and to depend on, the love object. In contradistinction to this position, the schizophrenic either destroys and replaces the object by the self or the self by the object. This difference appears to be reflected in the fact that in the schizophrenic mechanisms of imitation of the love object play such a paramount role, whereas all the manic-depressive needs and wants is punishment leading to forgiveness, love and gratification from the love object.

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THE FAULT OF ORPHEUS IN REVERSE¹

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We all know the fault that cost Orpheus his Eurydice as he brought her from Hades, since Pluto had ordained he should not see her until they reached the land of the living. Unable to resist the temptation, he turned to look at her, whereupon she vanished once more into the realm of shadows. So Vergil, Ovid, and many, before and after, relate this melancholy Greek myth of the lover who loses his love by over-impatience.

Of interest here is the comparable dream of a woman which I was able to note in an analysis. Here is how the dreamer herself set it down.

'I am going down the steps of my father's old house, steps that lead to the stables. It is dark. I am being followed by the white mare. I do not turn back to see whether it is keeping behind. So it disappeared on the way. Below, I meet Christian, our old coachman, who knew my mother. I feel guilty about the white mare which, upstairs, taking my place, will occupy my rooms and use my bath room.'

The dreamer was an orphan whose mother died of an embolism a month after her birth. It was her father, whom she adored, who brought her up. Fate had thus gratified the child's oedipal wishes by straightway removing her mother.

The girl had often heard others speak of her mother's tragic death. And as her mother had died to give her birth, a deep unconscious sense of guilt possessed her. Had she not killed her? And, having the father to herself, had not that death been to her advantage? Many a phantasy testified to this early oedipal guilt in the adult woman.

As a girl, in fact, the dreamer had owned and ridden a white mare which, owing to its colour, was called 'Blanchette'. It was then that her father's head groom had taught her riding. This head groom, however, had been her wet nurse's lover and thus had provided the outline of the primal scene for the child. The dream mare therefore could also suggest his mate, especially

as she had often danced the dreamer, as a babe, on her foot.

Soon, however, the reality father and dead mother ousted this first oedipal pair, and prevailed over the child's unconscious: there they inspired the full weight of guilt innate in those aggressive oedipal desires directed on the mother which fate had so soon gratified in her life. The old coachman Christian doubtless stood here for a lesser version of his master, the head groom. Also, both were acquainted with the dreamer's mother, which provided yet another term linking the child's earlier and successive Oedipus complexes. Nevertheless, the main character in the dream is 'Blanchette', the mare, here representing the mother, even more than the nurse, both by its coat and name, which latter, like her mother's, equally indicated white.

Besides, though it was lost on the way, the mare's taking possession of her rooms and bath room evidently arose from a real memory. How often had the dreamer not heard of the lengthy baths her mother took in order, as was then thought, to hasten conception, such was her eagerness for a child, the child which took so long to conceive. Whence arose the oddity of the analytic association; the mare stretched out in the bath in her bath room!

As for her father's old house, in which she grew up, it was huge, and the stables, at the foot of a slope which stretched to the river, could only be reached from the house by endless flights of dark stairs, stairs well designed to depict a descent into Hades.

Here we have the few facts needed to throw light on this dream.

If we compare the contemporary dream with the classical myth of Orpheus and Eurydice, what strikes us first is the way in which the mythical factors are reversed.

Orpheus, when he lost Eurydice, was issuing from Hades. Our dreamer, when she loses the

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white mare, is descending into it. Orpheus was issuing into the realm of the living; she is descending into that of the shades. It is her mother and not herself, as was the case, who, in the form of 'Blanchette', stays in the upper world, in the rooms of the living. Finally, the most important of these reversals is that Orpheus lost Eurydice for looking back, whereas our dreamer loses the mother-white mare for neglecting to do so.

What might these opposite attitudes mean in each instance; attitudes that lead to the same loss and a similar grief?

Let us recall other myths in which looking back, or inappropriate looking, causes misfortune. For, if Orpheus loses Eurydice for looking back, Lot's wife became a pillar of salt for looking back despite Jehovah's injunction, when those cities of iniquity, Sodom and Gomorrah, were consumed with brimstone and fire.

So too, whoever dared look at the Gorgon's head was thereupon turned into stone.

Ham too, is cursed for having looked on his father Noah's nakedness. In the same way, whoever dare gaze at the face of the sun is supposed to go blind, though that godlike creature, the eagle, may do so with impunity and is thereby declared the sun's only equal.

Superstition also has it that, during its elevation, the Host, by the divine power it holds, will similarly blind the worshipper who dares raise his eyes to it, and this even though the ritual demands that the faithful gaze upon it in adoration before they lower their eyes.

Semele too, who rashly implored Zeus to reveal himself in his full glory, was consumed thereby.

The Rabbi also blesses the faithful at certain ceremonies. But should he who is blessed look upon him, it is said he will lose an eye; should he look again, he will lose the second, and, if he look yet again, he will die.

Peeping Tom too, was blinded because he alone dared to look at Lady Godiva as she rode naked through Coventry to redeem the unjust impositions on its citizens which her husband had declared.

We know that the taboo on looking, among primitive peoples, is often imposed on the tribesmen as regards the chief. None has the right to look upon him, which is why it is said that, in the past, the Mikado never showed

himself to his people except at religious ceremonies. For chiefs, like gods, must emanate a fearful mana which will punish breaches of the looking-taboo in various ways.

Lot's wife, like Semele and those rash mortals who dared look at the Gorgon, or even those daring enough to raise their eyes to the Host during its elevation, is smitten and turned into salt, that frequent symbol, as we know, of lust. Did not Lot's wife gaze back on the cities of iniquity and so, besides committing *lèse-majesté* in seeing Jehovah's fire and brimstone, share in their crime and, so, in their punishment, too? The legend, also, by her transmutation into salt, seems to try to explain the reality of the site and unique salinity of the Dead Sea, reputed to cover the very emplacement of those cursed cities. In this widespread myth, therefore, the sea and the salt-woman have become fused.

If we pass to another kind of myth, however, as for instance those in which Orpheus, or Psyche, are punished, the latter by losing her beloved Eros through looking at him by the light of a lamp as he slept, despite his warning she must never see him, we see that the punishment is not so much inflicted on the onlooker as on the looked-at object which vanishes because it was observed, while the sinful infringer of the taboo only incurs the secondary punishment of the grief he or she must suffer as a result.

These two myths may be compared with certain men's dreams of a headless woman approaching their bed, or of one whose head, vaguely defined, is lost in the clouds. In analysis, this dream Delilah is generally revealed as the dreamer's mother; the mother who first seduces her little son, although the incest taboo prevents him from recognizing her visage. Only at this cost may the temptress return to visit her child in dreams.

Myths in which, for the hero or heroine, the name and identity of the lover or beloved are taboo under peril of their loss, such as those of Lohengrin and Elsa, may be compared with the myth of Eros and Psyche, since knowing, in its way is a kind of seeing.

To restrict ourselves, however, to the myths of Orpheus and Psyche, we see that a taboo such as that inspiring these dreams of headless women must determine the looking-taboo there too. Is Psyche the daughter who must not recognize her father (the supposed monster) or, even more, the mother who must not recognize

her son? However that be, Eurydice, for Orpheus, is obviously a mother-figure, as witness his fixation, in the myth, on her! Orpheus cannot forget her and remains unswervingly faithful to her unto death. No other woman is permitted to approach him. Ovid states that such was his hatred of woman that he taught men to love boys.² Whereupon the Maenads, incensed by this disdain of woman, ended by tearing him limb from limb, although his head, descending the stream, still proclaimed his despair. Such was the punishment he incurred for his oedipal fidelity and for looking at the woman he adored but should never have recognized.

This Orpheus myth, as Rilke rewrote it, we are shown through Eurydice's eyes. There, by the question 'Who?' on which it ends, while she watches her husband disappear, we see the abyss that divides the living from the dead and, one might add, the generations from each other.

There are instances, however, where, contrary to the myths I have cited, the duty imposed is not that of looking away but of looking. In saluting and on military parades, the soldier, saluting, *must* look straight at his commander.

Socially, those who address one with a lowered or averted gaze appear hypocritical and inspire distrust.

A lover looks deep into his beloved's eyes, and this is an amorous merging which heralds yet closer mergings to come.

Why is looking in these instances normal, even a duty, and in the myths I have cited a fault, sin, or crime?

Basically, these interpretations of looking must evidently be inspired by the different instincts and emotions which in each case they express.

The taboo on looking, as regards gods and rulers, must be founded on implicit faith in the power of the underling's 'evil eye' in relation to these lordly personages. The unconscious, in fact, responds to the 'evil eye' as to an eye charged with envy and aggression which by a mere glance will take effect.

For, though we consciously revere the gods, our overlords and the mighty, unconsciously we always more or less bear grudges against them; as once we resented the father as far more

powerful than ourselves. Thus, we must bow before them, being weaker, and because the secret rebellion in our hearts might be sorely punished.

Even the slightest wish to express ourselves through our eyes must be punished; Ham is accursed; the sun, the Rabbi, or the Host, makes people blind; Lot's wife turns into salt; who looks at the Medusa's head, that conspicuous symbol of the maternal genital organ, becomes stone; Semele is consumed by fire.

Yet what is punished in Psyche and Orpheus, as in Peeping Tom, is the expression of other guilty impulses; in this case, the erotic urges. Psyche is not permitted to see her lover's face, i.e. to know that he is the father—or the son. Orpheus must not recognize the maternal identity of his Eurydice. If he does, she is ravished away. Between them, at once, there arises, not now the overlord's taboo against the weaker's aggression, but the incest taboo which everlastingly divides the son from the coveted mother. Whereupon every approach to normal love towards other women becomes forbidden to him, as we see with some men.

When, however, a lover delights in gazing deep into his beloved's eyes, it is because he will have recognized her as a non-incestuous object: an object allowed, nay, commanded by the deepest human impulses which no law, in this case, would have the strength or right to oppose.

In everyday life, when we are spoken to with averted eyes, we suspect the speaker of hiding his eyes as he does his hostile intentions, for custom and good-breeding demand that eyes shall meet as straightforwardly and sincerely as circumstances allow.

As for saluting and military parades, it is there that, in obvious contrast to the taboo on looking at chiefs to which we referred, we find the duty to look expressed most imperatively and compulsively. That is because in armies, so strictly ruled by discipline, the ranks are maximally disarmed of aggression against their leaders. It is shown, symbolically, both in the gesture of presenting arms and of saluting with the hand to the forehead, both of which imply, at these times, that it would not be possible to use a weapon. Something of this pacific asseveration is already present in the common handshake.

² He also taught the Thracian folke a stewes of Males too make

And of the following prime of boayes the pleasure for too take.

Golding's translation.

The ranker no longer regards his officer with aggression, but with submission; the civilized look civilly at each other and the lover, lovingly, at the beloved.

Thence arises the permission, even duty, in such cases, of looking. What would the beloved say of a lover who averted his eyes from her? Hard words would soon be uttered. . . . He would appear to have failed in his duty. We even speak of 'marital duties', once the marriage has taken place; a duty that is then both instinctual and social.

As for the Host which, when elevated, must ritually be gazed at with love and respect before we prostrate ourselves to it, but which, as superstition believes, would then blind the worshipper who dared raise his eyes, these contrasted attitudes well reveal man's basic ambivalence towards his rulers and gods.

To return to our patient's dream. Unlike that of Orpheus, her fault lay in not turning back, not looking round to see by what she was followed; the white mare, i.e. the mother she lost at birth. Which must mean not having loved her enough, not incestuously or sensually now, but in daughterly, permitted, and even required fashion. 'I lost my mother,' the dreamer seems to be saying, 'for not having bothered about her; for not having loved her enough!' Whereupon the mother, unconstrained by love, does not follow her daughter to the foot of the stairs. She remains up above and dwells in the father's house, lingering in that endless bath which led to her fatal pregnancy. Evidently this reversal of the Orpheus myth, in which Orpheus issued to the light of day while Eurydice returned to the shadows, is closely related to the talion for the mother's death. The daughter, for initiating and bringing about this oedipally desirable death, must herself descend into Hades. Yet she remains no less severed from her mother, and deprived of her, in punishment for the love in which she

was lacking. She must endure both the agony of separation and the punishment of death. But, opposing the talion of life to this talion of death, she restores life to her mother, that life she stole from her in being born and causing her death. 'Why could not my mother,' she seems to say, 'go on taking those long baths, as she did before my conception!' So she sends back her mother to her father above. Thus the daughter and mother exchange life for death and death for life.

Yet, in the Hades of her father's stables, the girl, in place of Pluto, meets Christian—Christ too descended into Hell—Christian, the old coachman, who stands for the head groom, her wet nurse's lover. This brings up the primal oedipal pair who ruled for a time over her baby existence after her mother's death. She remains indifferent to this, but a feeling of guilt for losing the white mare, through her fault, besets her. And was this not how it happened, in her childhood, when she passed so early from the first Oedipus complex to the second, the latter constellated by the loved father and dead mother and the deep sense of oedipal guilt deriving therefrom? The dream keeps closely to the patient's history.

Let us hear what the unconscious says: Orpheus lost Eurydice because it is wrong to love incestuously.

Our patient lost her mother because her oedipal aggression was not sufficiently neutralized by love; daughterly, permitted, and required love.

Thus we lose what we love because we love it ill. Either over-much, in the mode of guilt; or insufficiently, when the eternally ambivalent aggression so interwoven with all love remains unbound.

Which amounts to saying that it is hard to love and that, however we do, we never completely succeed in loving.

NOTES ON THE THEORY OF SCHIZOPHRENIA¹

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A. Introduction

In this paper I shall discuss the schizophrenic patient's use of language and the bearing of this on the theory and practice of his analysis. At a later date I shall acknowledge my indebtedness to, and discuss the views of, the psycho-analysts who have contributed to the growth of my own views. I cannot do that now, but I must make it clear for the better understanding of what I say that, even where I do not make specific acknowledgement of the fact, Melanie Klein's work occupies a central position in my view of the psycho-analytic theory of schizophrenia. I assume that the explanation of terms such as 'projective identification' and the 'paranoid' and 'depressive positions' is known through her work.

By approaching the subject through consideration of verbal thought I run the risk of appearing to neglect the nature of the schizophrenic's object relations. I must therefore emphasize now that I think that the peculiarity of the schizophrenic's object relations is the outstanding feature of schizophrenia. The importance of the points that I wish to make lies in their capacity to illuminate the nature of this object relationship of which they are a subordinate function.

The material is derived from the analysis of six patients; two were drug addicts, one an obsessional anxiety state with schizoid features, and the remaining three schizophrenics all of whom suffered from hallucinations which were well in evidence over a period of between four and five years of analysis. Of these three, two showed marked paranoid features and one depression.

I did not depart from the psycho-analytic procedure I usually employ with neurotics, being careful always to take up both positive and negative aspects of the transference.

B. Nature of the Observation on which Interpretations are Based

Evidence for interpretations has to be sought in the counter-transference and in the actions

and free associations of the patient. Counter-transference has to play an important part in analysis of the schizophrenic, but I do not propose to discuss this to-day. I shall therefore pass on to the patient's free associations.

C. Schizophrenic Language

Language is employed by the schizophrenic in three ways; as a mode of action, as a method of communication, and as a mode of thought. He will show a preference for action on occasions when other patients would realize that what was required was thought; thus, he will want to go over to a piano to take out the movement to understand why someone is playing the piano. Reciprocally, if he has a problem the solution of which depends on action, as when, being in one place, he should be in another, he will resort to thought—omnipotent thought—as his mode of transport.

At the moment I want to consider only his use of it as a mode of action in the service either of splitting the object or projective identification. It will be noted that this is but one aspect of schizophrenic object relations in which he is either splitting or getting in and out of his objects.

The first of these uses is in the service of projective identification. In this the patient uses words as things or as split-off parts of himself which he pushes forcibly into the analyst. Typical of the consequences of this behaviour is the experience of a patient who felt he got inside me at the beginning of each session and had to be extricated at the end of it.

Language is again employed as a mode of action for the splitting of his object. This obtrudes when the analyst becomes identified with internal persecutors, but it is employed at other times too. Here are two examples of this use of language: The patient comes into the room, shakes me warmly by the hand, and looking piercingly into my eyes says, 'I think the sessions are not for a long while but stop me ever going out.' I know from previous experience that this patient has a grievance that the

¹ Paper read in the Symposium 'The Psychology of Schizophrenia' at the 18th International Psycho-Analytical Congress in London on 28 July, 1953.

sessions are too few and that they interfere with his free time. He intended to split me by making me give two opposite interpretations at once, and this was shown by his next association when he said, 'How does the lift know what to do when I press two buttons at once?'

My second example has wide implications, which I cannot take up here, because of their bearing on insomnia. The technique depends on the combination of two incompatible elements thus: the patient speaks in a drowsy manner calculated to put the analyst to sleep. At the same time he stimulates the analyst's curiosity. The intention is again to split the analyst, who is not allowed to go to sleep and is not allowed to keep awake.

You will note a third example of splitting later on when I describe a patient splitting the analyst's speech itself.

To turn now to the schizophrenic's difficulties with language as a mode of thought. Here is a sequence of associations all in one session, but separated from each other by intervals of four or five minutes.

I have a problem I am trying to work out.

As a child I never had phantasies.

I knew they weren't facts so I stopped them.

I don't dream nowadays.

Then after a pause he went on in a bewildered voice, 'I don't know what to do now.' I said, 'About a year ago you told me you were no good at thinking. Just now you said you were working out a problem—obviously something you were thinking about.'

Patient. 'Yes.' *Analyst.* 'But you went on with the thought that you had no phantasies in childhood; and then that you had no dreams; you then said that you did not know what to do. It must mean that without phantasies and without dreams you have not the means with which to think out your problem.' The patient agreed, and began to talk with marked freedom and coherence. The reference to the inhibition of phantasy as a severe disability hindering development supports Melanie Klein's observations in her paper 'A Contribution to the Theory of Intellectual Inhibition'.

The severe splitting in the schizophrenic makes it difficult for him to achieve the use of symbols and subsequently of substantives and verbs. It is necessary to demonstrate these difficulties to him as they arise; of this I shall shortly give an example. The capacity to form symbols is dependent on:

(1) The ability to grasp whole objects.

(2) The abandonment of the¹ paranoid-schizoid position with its attendant splitting.

(3) The bringing together of splits and the ushering in of the depressive position.

Since verbal thought depends on the ability to integrate, it is not surprising to find that its emergence is intimately associated with the depressive position which, as Melanie Klein has pointed out, is a phase of active synthesis and integration. Verbal thought sharpens awareness of psychic reality and therefore of the depression which is linked with destruction and loss of good objects. The presence of internal persecutors, as another aspect of psychic reality, is similarly unconsciously more recognized. The patient feels that the association between the depressive position and verbal thought is one of cause and effect—itself a belief based on his capacity to integrate—and this adds one more to the many causes of his hatred, already well in evidence, of analysis, which is after all a treatment which employs verbal thought in the solution of mental problems.

The patient at this stage becomes frightened of the analyst, even though he may concede that he feels better, but, and this is where the kernel of our problem lies, he shows every sign of being anxious to have nothing whatever to do with his embryonic capacity for verbal thought. That is felt to be better left to the analyst; or, as I think it more correct to say, the analyst is felt to be better able than he to harbour it within himself without disaster. The patient seems, despite all the work done, to have reverted to the use of language that I have described as characteristic of the schizophrenic before analysis. He has greater verbal capacity but prefers to employ it as he did when it was slight.

D. Development of Capacity for Verbal Thought

To explain why the patient is so chary of using his increased capacity I must report an experience which seems to have peculiar significance for him. A patient said to me, 'I am a prisoner of psycho-analysis'; later in the session he added, 'I can't escape'. Some months later he said, 'I can't get out of my state of mind'. A mass of material, to which quotation cannot do justice, had accumulated over a period of three years to give the impression that the patient felt unable to escape from a prison which seemed sometimes to be me, sometimes psycho-analysis and sometimes his state of mind which is a constant struggle with his own internal objects. He thus shows the same attitude to

verbal thought as he has to his potency and his equipment for work and love.

The problem to which I am addressing myself can best be understood if it is seen to appertain to the moment when the patient feels he has effected his escape. The escape appears to contribute to the patient's feeling which he occasionally reports, that he is better; but it has cost him dear. This same patient said, 'I have lost my words', and meant by this, as further analysis disclosed, that the instrument with which he had effected his escape had been lost in the process. Words, the capacity for verbal thought, the one essential for further progress, have gone. On expansion it appears that he thinks he has reached this pass as a penalty for forging this instrument of verbal thought and using it to escape from his former state of mind; hence the unwillingness I described to use his greater verbal capacity except as a mode of action.

Here now is the example I promised you when I was speaking of the difficulty that schizophrenic splitting caused in the formation of symbols and the development of verbal thought. The patient was a schizophrenic who had been in analysis five years; I describe some essentials of two sessions. I must warn you that compression has compelled me to leave out many repetitive formulations which in fact would mitigate the baldness of the interpretations as I report them here. I think interpretation should be in language that is simple, exact and mature.

Patient. I picked a tiny piece of skin from my face and feel quite empty.

Analyst. The tiny piece of skin is your penis, which you have torn out, and all your insides have come with it.

Patient. I do not understand . . . penis . . . only syllables.

Analyst. You have split my word 'penis' into syllables and it now has no meaning.

Patient. I don't know what it means, but I want to say, 'If I can't spell I cannot think'.

Analyst. The syllables have now been split into letters; you cannot spell—that is to say you cannot put the letters together again to make words. So now you cannot think.

The patient started the next day's session with disjointed associations and complained that he could not think. I reminded him of the session I have described, whereupon he resumed correct speech; thus:

Patient. I cannot find any interesting food.

Analyst. You feel it has all been eaten up.

Patient. I do not feel able to buy any new clothes and my socks are a mass of holes.

Analyst. By picking out the tiny piece of skin yesterday you injured yourself so badly you cannot even buy clothes; you are empty and have nothing to buy them with.

Patient. Although they are full of holes they constrict my foot.

Analyst. Not only did you tear out your own penis but also mine. So to-day there is no interesting food—only a hole, a sock. But even this sock is made of a mass of holes, all of which you made and which have joined together to constrict, or swallow and injure, your foot.

This and subsequent sessions confirmed that he felt he had eaten the penis and that therefore there was no interesting food left, only a hole. But this hole was now so persecutory that he had to split it up. As a result of the splitting the hole became a mass of holes which all came together in a persecutory way to constrict his foot.

This patient's picking habits had been worked over for some three years. At first he had been occupied only with blackheads, and I shall quote from Freud's description of three cases, one observed by himself, one by Dr. Tausk and one by R. Reitler, which have a resemblance to my patient. They are taken from his paper on 'The Unconscious' (1915).

Of his patient Freud said, he 'has let himself withdraw from all the interests of life on account of the unhealthy condition of the skin of his face. He declares that he has blackheads and that there are deep holes in his face which everyone notices'. Freud says he was working out his castration complex on his skin and that he began to think there was a deep cavity wherever he had got rid of a blackhead. He continues: 'The cavity which then appears in consequence of his guilty act is the female genital, i.e. stands for the fulfilment of the threat of castration (or the phantasy representing it) called forth by onanism'. Freud compares such substitute-formations with those of the hysteric, saying, 'A tiny little hole such as a pore of the skin will hardly be used by an hysteric as a symbol for the vagina, which otherwise he will compare with every imaginable object capable of enclosing a space. Besides we should think that the multiplicity of these little cavities would prevent him from using them as a substitute for the female genital'.

Of Tausk's case he says, 'in pulling on his stockings he was disturbed by the idea that he must draw apart the knitted stitches, i.e. the

holes, and every hole was for him a symbol of the female genital aperture'.

Quoting Reitler's case he says the patient 'found the explanation that his foot symbolized the penis; putting on the stocking stood for an onanistic act'.

I shall now return to my patient at a session ten days later. A tear welled from his eye and he said with a mixture of despair and reproach, 'Tears come from my ears now'.

This kind of association had by now become familiar to me, so I was aware that I had been set a problem in interpretation. But by this time the patient, who had been in analysis some six years, was capable of a fair degree of identification with the analyst and I had his help. I shall not attempt a description of the stages by which the conclusions I put before you were reached. The steps were laborious and slow even though we had the evidence of six years' analysis on which to draw.

It appeared that he was deploring a blunder that seemed to bear out his suspicion that his capacity for verbal communication was impaired. It seemed that his sentence was but another instance of an inability to put words together properly.

After this had been discussed it was seen that tears were very bad things, that he felt much the same about tears which came from his ears as he did about sweat that came from the holes in his skin when he had, as he supposed, removed blackheads or other such objects from the skin. His feeling about tears from his ears was seen to be similar to his feeling about the urine that came from the hole that was left in a person when his penis had been torn out; the bad urine still came.

When he told me that he couldn't listen very well I took advantage of his remark to remind him that in any case we needed to know why his mind was full of such thoughts at the present juncture, and I suggested that probably his hearing was felt to be defective because my words were being drowned by the tears that poured from his ears.

When it emerged that he couldn't talk very well either I suggested that it was because he felt his tongue had been torn out and he had been left only with an ear.

This was followed by what seemed to be a completely chaotic series of words and noises. I interpreted that now he felt he had a tongue but it was really just as bad as his ear—it just poured out a flow of destroyed language. In

short, it appeared that despite his wishes and mine we could not, or he felt we could not, communicate. I suggested that he felt he had a very bad and hostile object inside him which was treating our verbal intercourse to much the same kind of destructive attack which he had once felt he had launched against parental intercourse whether sexual or verbal.

At first he seemed to feel most keenly the defects in his capacity for communication or thought, and there was a great deal of play with the pronunciation of tears (*tears* or *tares*) the emphasis being mostly on the inability to bring together the objects, words, or word pronunciation, except cruelly. But at one point he seemed to become aware that his association had been the starting-point for much discussion. Then, 'Lots of people' he murmured. On working this out in turn it appeared that he had swung away from the idea that his verbal capacity was being irretrievably destroyed by the attacks to which our conversation was being subjected, to the idea that his verbal communication was extremely greedy. This greed was ministered to by his splitting himself into so many people that he could be in many different places at once to hear the many different interpretations which I, also split into 'lots of people', was now able to give simultaneously instead of one by one. His greed, and the attacks on verbal communication by the internal persecutors, were therefore related to each other.

Clearly this patient felt that splitting had destroyed his ability to think. This was the more serious for him because he no longer felt that action provided a solution for the kind of problem with which he was struggling. This state is equated by the patient with 'insanity'.

The patient believes he has lost his capacity for verbal thought because he has left it behind inside his former state of mind, or inside the analyst, or inside psycho-analysis. He also believes that his capacity for verbal thought has been removed from him by the analyst who is now a frightening person. Both beliefs give rise to characteristic anxieties. The belief that he has left it behind has, as we have seen, helped to make the patient feel he is insane. He thinks that he will never be able to progress unless he goes back, as it were, into his former state of mind in order to fetch it. This he dare not do because he dreads his former state of mind and fears that he would once more be imprisoned in it. The belief that the analyst has removed his capacity for verbal thought makes the patient

afraid of employing his new-found capacity for verbal thought, lest it should arouse the hatred of the analyst and cause him to repeat the attack.

From the patient's point of view the achievement of verbal thought has been a most unhappy event. Verbal thought is so interwoven with catastrophe and the painful emotion of depression that the patient, resorting to projective identification, splits it off and pushes it into the analyst. The results are again unhappy for the patient; lack of this capacity is now felt by him to be the same thing as being insane. On the other hand, re-assumption of this capacity seems to him to be inseparable from depression and awareness, on a reality level this time, that he is 'insane'. This fact tends to give reality to the patient's phantasies of the catastrophic results that would accrue were he to risk re-introjection of his capacity for verbal thought.

It must not be supposed that the patient leaves his problems untouched during this phase. He will occasionally give the analyst concrete and precise information about them. The analyst's problem is the patient's dread, now quite manifest, of attempting a psycho-analytic understanding of what they mean for him, partly because the patient now understands that psycho-analysis demands from him that very verbal thought which he dreads.

So far I have dealt with the problem of communication between analyst and schizophrenic patient. I shall now consider the experience the patient has when he lives through the process of achieving sufficient mastery of language to emerge from the 'prison of psycho-analysis', or state of mind in which he previously felt himself to be hopelessly enclosed. The patient is apparently unaware of any existence outside the consulting room; there is no report of any external activity. There is merely an existence away from the analyst of which nothing is known except that he is 'all right' or 'better' and a relationship with the analyst which the patient says is bad. The intervals between sessions are admitted and feared. He complains that he is insane; expresses his fear of hallucination and delusion, and is extremely cautious in his behaviour lest he should become insane.

The living through of the emotions belonging to this phase leads to a shift towards higher valuation of the external object at the expense of the hallucinated internal object. This depends on the analysis of the patient's hallucinations and his insistence on allotting to real objects a subordinate rôle. If this has been done the

analyst sees before him the ego and more normal object relations in process of development. I am assuming that there has been an adequate working through of the processes of splitting and the underlying persecutory anxiety as well as of reintegration. Herbert Rosenfeld has described some of the dangers of this phase. My experiences confirm his findings. I have observed the progress from multiple splits to four and from four to two and the great anxiety as integration proceeds with the tendency to revert to violent disintegration. This is due to intolerance of the depressive position, internal persecutors, and verbal thought. If splitting has been adequately worked through the tendency to split the object and the ego at the same time is kept within bounds. Each session is then a step in ego development.

E. Realization of Insanity

One of the penalties of attempting to clarify the complex phenomena of the schizophrenic patient's relationship with his objects is that if the attempt is successful it is delusively misleading. I would now redress the balance by approaching the phenomena I have already described from a rather different angle. I wish to take up the story at the point at which the splits are brought together, the patient escapes from his state of mind and the depressive position is ushered in. In particular I wish to draw attention to this concatenation of events when it is suffused by the illumination achieved through the development of a capacity for verbal thought. I have made it clear that this is a most important turning-point in the whole analysis. You may therefore have formed the impression that at this point the analysis enters into calm waters. It is necessary therefore that I should leave you with no illusions about this.

What takes place, if the analyst has been reasonably successful, is a realization by the patient of psychic reality; he realizes that he has hallucinations and delusions, may feel unable to take food, and have difficulty with sleep. The patient will direct powerful feelings of hatred towards the analyst. He will state categorically that he is insane and will express with intense conviction and hatred that it is the analyst who has driven him to this pass. The analyst ought to expect concern for the patient's welfare to drive the family to intervene and he must be prepared to explain an alarming situation to them. He should strive to keep at bay surgeons and shock therapists alike while concentrating

Let me cite two short examples:

(1) In the last phase of the prepsychotic period, the conflict of the male patient revolves around the wish to be a woman in relation to a father-figure. After contact with reality is severed, one result of the restitutional attempt may be that the unconscious wish to be a woman no longer constitutes a part of the unconscious but becomes, through projection, a part of the delusional outer world in the following way: the patient believes himself persecuted by a father-figure who wants to use him (the patient) as a woman or to make a woman out of him.

(2) The restitutional attempt may also take another way of resolving the conflict. The feminine part is still projected, but this time to a mother-figure. The patient has lost his unconscious feminine part and in his delusion is in love with a mother-figure who represents his own projected femininity. We shall return to a discussion of this mechanism presently.

Our newly gained insight into the relationship between prepsychotic phenomena on the one hand and delusions, hallucinations, etc., on the other opens up for us a new field of interpretation. From the existing delusions, hallucinations, catatonic symptoms, etc., we are now able to reconstruct the conflict as it was before contact with reality was broken off. Especially important is the fact that from the hallucinations far-reaching conclusions may be drawn about the defence mechanisms which were originally planned in order to maintain contact with reality but which eventually had to be abandoned. Frequently these hallucinations reveal which defence mechanisms would have been employed by the ego if the latter had not lacked the energy to cathect them. This subject will be discussed a little more at the end of my paper.

What affords us the best opportunity of studying this prepsychotic period by the method of direct observation? In my opinion, the best opportunity is present when the ego makes strenuous efforts to prevent the ties with reality from being severed. In such cases the transition period is fixed for a certain length of time so that the characteristics may be studied and compared on the one hand with neurotic, on the other with overtly psychotic symptoms.

What do we learn from our study of this prepsychotic period? Its outstanding characteristic, it seems to me, is the loss of the positive Oedipus complex: the positive attachment (in the boy) to the mother, and the ambivalent attitude towards the father, is relinquished. The point I want to stress is that the Oedipus complex has *lost* its cathexis; in other words, that it is not repressed.⁵

Here it is in order to make a few remarks about the positive Oedipus complex. Many years have

passed since Freud made his original statement that the Oedipus complex was at the centre of the neurosis—and one may add that this complex also forms the basis for normal development. Through the study of the neurosis, light has been shed upon the disadvantage of too strong oedipal wishes. Intense clinging to oedipal wishes leads to conflict with reality, and in order to avoid this conflict, many defence mechanisms are set up by the ego. The reality situation requires the individual to ward off these oedipal wishes. If the warding off is not successful, a neurosis may result from the conflict between the ego defences and the oedipal wishes. It is a striking fact that this struggle takes place early in life. Therefore an adult neurosis always has its origin in infantile life and is preceded by an infantile neurosis.

In recent years attention has been focused not only upon the oedipal phase but also upon the developments which take place before the Oedipus complex is established. The study of the pre-oedipal phase has therefore received much attention. The observation has been made that not only the oedipal but also the pre-oedipal wishes have their influence upon the development of the neurosis. This new insight gained through study of the pre-oedipal phase logically brings the following question to the fore; namely, can the Oedipus complex still be considered to be at the centre of the neurosis? At the last International Congress, held at Amsterdam, this question was one of the main points of discussion. This discussion, in my opinion, revealed no reason why Freud's original statement should be changed. The Oedipus complex may still be called the centre of the neurosis. True, pre-oedipal developments exert a powerful influence upon later developments, but they do not affect the importance of the Oedipus complex. The pre-oedipal developments are channelled into the Oedipus complex.

We may also consider the perversions in this connexion. The perversions are not an exception to Freud's statement. To generalize, we may say that the perversion, too, is the result of the struggle against the demands of the Oedipus complex. Recognizing the important rôle which homosexuality plays in the schizophrenic psychosis, let us focus our attention temporarily upon the homosexual perversion. This perversion may be strongly rooted in pre-oedipal developments. Constitutional and environmental factors in the pre-oedipal phase may already be so strong that eventually the homosexual perversion cannot be avoided. Nevertheless, pre-oedipal developments must still pass through the oedipal phase.

To take an illustration. We are all familiar with the example of the homosexual man who is so strongly attached to his mother that at the point

⁵ The first person to draw attention to the relation between the absence of the positive Oedipus complex and a delusion was Ruth Mack Brunswick in her article,

'The Analysis of a Case of Paranoia', *J. Nerv. Mental Dis.*, 79 (1929), pp. 1-22, 155-178.

where he should break this attachment in order to transfer his love to a girl, he is unable to do so. Instead of the normal course of events, he identifies himself with his mother, and from then on, his love object is a boy, who represents himself. Clearly, the rôle of the positive Oedipus complex in the development of the homosexual perversion is an important one.

I have reiterated these well-known facts in order to stress that with the loss of the Oedipus complex in the prepsychotic period, a process occurs which is completely different from that in the transference neurosis as well as from that in the perversion. When the Oedipus complex is lost, only pre-oedipal fixations remain. In this prepsychotic stage the homosexual urge predominates. Because of the loss of the Oedipus complex, the structure of the homosexual urge in the prepsychotic stage differs from the structure of homosexuality in the perversion or in the neurosis.

To stress this difference, I shall repeat the sequence of events. Through the loss of the Oedipus complex, the homosexual urge has now a pre-oedipal character. The prepsychotic schizophrenic male patient wants to be a woman. This wish has its origin wholly in the constitutional wish to be a woman and does not arise from attempts to ward off oedipal demands. In the woman, the wish to be a man predominates. Here again this desire for masculinity does not stem from the positive female Oedipus complex but is directly derived from the constitutional factor of masculinity.

Thus we meet the problem of bisexuality. Of course, this problem also is present in the common neurosis. Yet in the neurosis the problem of bisexuality is dealt with on an oedipal level and does not endanger the ties with reality.

In schizophrenia, on the other hand, attempts to solve the bisexual problem and still remain in contact with reality fail. Therefore, in its deepest nature, schizophrenia arises from a bisexual conflict, and this bisexual conflict eventually leads to a state where the heterosexual factor is relinquished. Before discussing this state, I want to describe the change in structure of the Oedipus complex before it is relinquished during the prepsychotic schizophrenic development.

Let me begin with the following. Freud, in his article 'On Narcissism, an Introduction',⁶ attempted for the first time to distinguish between the way a man loves and the way a woman loves. The man, in his oedipal development, bases his love for his mother upon an earlier attachment which is formed at the time when the mother satisfies his narcissistic needs by nursing him; whereas the woman loves in the man one of her own narcissistic ideals. Thus

the man will choose a love object based upon the example of the nursing mother, whereas the woman will love in the object some characteristic representing herself or what she might like to be.

My study of schizophrenic men pointed to the existence of a prepsychotic oedipal relationship of a purely narcissistic type. As an example, I shall cite the case of a man who in 1887, the year when his psychosis began, was 27 years old. He made the following statement: 'According to the basic law of 1887, every Netherlander had rights to the throne. There was no masculine heir. The population became half insane and filled with anxiety.' This man then asked to be made Crown Prince, whereupon he was institutionalized.

The patient's words contain a delusional distortion of the true facts. The King of the Netherlands was old, his two sons had died, and his only remaining child was his daughter by a second marriage, who at that time was only seven years old. It was therefore imperative that some new laws be made to provide for a regency in case the King should die before the Crown Princess was old enough to reign herself.

These facts enable us to make an interpretation. The patient's statement that the population became half insane and filled with anxiety because there was no male heir means that the patient himself was insane and was afraid he would lose his masculinity and be changed into a woman. To ward off this danger, he asked to be made Crown Prince. The 'changing of Holland's basic law of 1887' means that the patient's own basic law had changed in that year: he had become psychotic. About six years later he addressed a letter to the Princess, asking her to marry him. Meanwhile his delusions of grandeur had progressed further: he thought that he was Emperor of France, identifying himself with Napoleon.

At first glance one might think that the patient's marriage proposals were directly derived from an existing Oedipus complex. Yet we know that previously he had been afraid he would become a woman. Obviously, he had got rid of his femininity by projecting it onto the Princess, whereupon he was able to maintain a pseudo-masculinity.⁷ In his delusion he was striving to establish contact with his projected femininity. There are good reasons for conceiving of this projected femininity as no longer occupying a place within his delusional personality.⁸ The psychotic phenomena, although at first appearing to be derived from the Oedipus complex, point only to a state of absolute narcissism. The patient's psychotic outer world, namely, the Princess whom he wanted to marry, represents an externalized part of his own personality.

⁶ Freud, Sigmund: *Collected Papers*, Vol. IV. (London, Hogarth, 1946.)

⁷ See, for instance, Katan, M., 'Structural Aspects of a Case of Schizophrenia', in which article pseudo-

masculinity is discussed. *Psychoanalytic Study of the Child*, Vol. V. (New York, International Universities Press, 1950.)

⁸ *Idem*, p. 202 ff.

Yet, as I have mentioned, a delusion is always an elaboration of a mental conflict preceding the delusion, in which conflict contact with reality was maintained. By interpreting the delusion, let us now try to reconstruct the prepsychotic conflict which corresponds to the conflict resolved by the delusion. In the delusion the homosexual urge is mastered by projection of the patient's feminine part. By this process the feminine part becomes a delusional mother-figure whom the patient loves. We may therefore conclude that in the preceding prepsychotic conflict the patient attempts to ward off his urge towards femininity by loving his mother (or a mother-figure). This fact is evidence that in the corresponding prepsychotic development he is still clinging to his Oedipus complex in his defensive struggle against homosexual feelings. Yet the delusion reveals also that what he loves in his mother is a representation of what he would like to be himself, namely, a woman. Therefore, the mother represents his own narcissistic ideal. In this way he wards off femininity by admiring it in his mother instead of in himself. To stress the difference between this phenomenon and the delusion, I repeat that in the delusion the patient's femininity is no longer a part of his personality but, through projection, has become outer world. In the delusion he does not love anything in existing reality but loves only his projected self, whereas in the prepsychotic state he loves his mother in order to ward off his own unconscious femininity.

We may ask whether the patient who develops schizophrenia in adult life has, in infancy, always passed through this narcissistic phase of oedipal development. We may ask further whether his Oedipus complex has not failed to progress beyond such a state. We may even ask whether this narcissistic phase is not a normal transition, implying that in everyone the Oedipus complex has narcissistic roots. However, these questions at the moment are not relevant. For our purpose it is important only to recognize that at least a number of schizophrenic patients, before their illness becomes apparent, pass through a state in which the Oedipus complex assumes this narcissistic structure before it finally disappears.

I was pleasantly surprised when my ideas on this subject, which I noted down in 1943, found support in Nunberg's brilliant treatise on circumcision. Proceeding by a completely different approach, he arrives at a conclusion identical with mine about the narcissistic roots of Oedipus complex formation. You will remember that circumcision means not only castration but also a getting rid of the feminine part of the male body.⁹

It is, of course, already a sign of weakness that the entire personality structure must rely upon a

narcissistic formation of the Oedipus complex, and when the unconscious urge towards femininity continues to increase in strength, the ego eventually gives up the struggle and abandons the Oedipus complex.

After the Oedipus complex is lost, in some cases an attempt at restitution sets in. What I have in mind is an 'as if' reaction, through which the patient attempts to copy the Oedipus complex of another. Needless to say, such an attempt succeeds only in temporarily postponing further development in the direction of the psychosis. Helene Deutsch, in her first article on the 'as if' reaction, ventured the hypothesis that all schizophrenic cases go through such an 'as if' stage.¹⁰ In my experience, however, this reaction can be observed only when attempts at restitution are already present in the prepsychotic phase.

Our next question is: How does the loss of the Oedipus complex influence the ego during prepsychotic development? This question focuses attention upon the necessity for the existence of the Oedipus complex. With the loss of the Oedipus complex, there are no longer numerous and strong ties with reality. To underline this, let me give the following illustration.

The new-born baby is completely dependent upon his environment and especially upon his mother. If the baby's needs are not met, he will die. The baby is not aware of his dependence; he is still in a narcissistic state and has not yet learned to direct his libido to objects. Hand in hand with the subsequent ego formation goes the recognition of the outside world. Yet the ego is still narcissistic in the sense that the child overestimates the importance of his own self in relation to his surroundings and becomes aware of his dependence only when his narcissistic needs are not immediately satisfied. Gradually his bodily dependence becomes less, but never during the first two or three years of life is the child appreciably aware, from an objective point of view, of his dependence upon his environment.

This situation changes, however, with the development of his Oedipus complex. The child's love for his mother makes him aware of the vulnerability of his position; namely, it would be a great trauma for him if his mother failed to love him. At the time when the child's objective bodily dependence has markedly diminished, his subjective psychic dependence enters the picture. He now rapidly becomes not only objectively but also subjectively a member of his family. This marks the beginning of his understanding that he is to a great extent dependent upon the outer world.

When the Oedipus complex in the prepsychotic development is lost, we may conclude that the ties with reality have weakened. The prepsychotic

⁹ Nunberg, Herman: 'Circumcision and Problems of Bisexuality', *Int. J. Psycho-Anal.*, 28 (1947), pp. 145-179.

¹⁰ Deutsch, Helene: 'Über einen Typus der Pseudo-affektivität ("Als ob")', *Int. Z. für Psych.-anal.*, 20 (1934), p. 332.

patient may be compared to a ship which, in a storm, has lost its rudder. The neurosis, as we see it in our daily analytical practice, plainly reveals the disadvantages when certain oedipal demands are too strong. In the prepsychotic state, on the other hand, we see the advantages of the existence of the Oedipus complex, for it affords a strong protection against the danger of a psychosis. As soon as the narcissistic form of the Oedipus complex is also lost, the personality returns to an even more pronounced state of narcissism. The latter will be the subject of our present scrutiny.

In this new phase of prepsychotic development the ego continues to defend itself—although without the help of the Oedipus complex—against the unconscious urge towards femininity, which urge contains the idea of sexual contact with a father-figure, the latter representing the patient's narcissistic ideal of masculinity. For example, in my paper 'Schreber's Hallucinations about the "Little Men"', which I read four years ago at the congress in Zürich, I stated that Schreber's God, who persecuted him represented parts of Schreber himself and that God's male organs symbolized Schreber's own genitals. This delusional narcissistic idealization of God contains a repetition of an idea already present in the prepsychotic phase; namely, the homosexual object of the patient's unconscious desire represents his own masculine ideal.¹¹

Here I should like to remind you of Anna Freud's paper on homosexuality presented at the congress in Zürich, in which paper she gave a number of very instructive examples demonstrating that in certain passive types of homosexuality the patient loves, in his object, the masculinity which he has relinquished in himself. Fortunately this process is reversible, and Anna Freud's patients were able to recover their own masculine heterosexual feelings.¹²

Yet, notwithstanding the similarity in idealization of the love object, we should not overlook the fundamental difference between these passive homosexuals and prepsychotic patients. As already mentioned, the pervert has reached the oedipal stage. The castration threat connected with the heterosexual urge is the reason why he relinquishes his masculinity. The projection of his masculine attributes upon his male love object is a defence against the danger resulting from his positive Oedipus complex. Even a superficial examination of the pervert's personality structure leaves not the slightest doubt that his relation with reality is as sound as that of a heterosexual individual. There is a sufficient outlet for the expression of his sexuality in

contact with another man, or in masturbation, or at least in nocturnal emissions.

The reason why the prepsychotic ego still continues to defend itself against the feminine wish, after the Oedipus complex drops out, lies in the danger of emasculation.¹³ Yet it is clear that the warded-off sexual urge is trying to become satisfied. We shall therefore want to study the sexual behaviour of the prepsychotic patient.

To generalize about the entire prepsychotic period, it may be said that the picture varies. Sometimes there is a strong increase in the frequency of intercourse; sometimes the patient is impotent; sometimes the entire sexual urge seems to have disappeared. A similar but more detailed picture is available when one focuses attention on masturbation and on nocturnal emissions, which may be considered the equivalent of the masturbatory act. The patients may be divided into four groups: (a) those who masturbate, sometimes excessively; (b) those who begin by masturbating excessively but later break off and from then on exclude masturbation completely; (c) those who do not masturbate at all (and this category includes a large number of individuals); and (d) those who, like Schreber, ward off masturbation until finally their defences break down. You will recall that Schreber suddenly experienced a single night when he had six nocturnal emissions, and his psychotic symptoms followed immediately after this experience.

The explanation of the sexual behaviour is not difficult. In those cases where the heterosexual urge is still present, although the feminine urge has already increased considerably in strength, either intercourse or masturbation is employed as a defence against the feminine urge, and for this reason the frequency is sometimes 'stepped up'. Masturbation may acquire a compulsive character or it may sometimes manifest exhibitionistic traits. In a case of mine published recently, masturbation was accompanied by heterosexual fantasies, but it could nevertheless be demonstrated that strong homosexual excitement found an outlet in masturbation.¹⁴ Then one day the patient received a castration threat, and his excessive masturbation stopped immediately.

When the positive Oedipus complex is relinquished, intercourse or masturbation is no longer used as a defence. Indeed, masturbation then stops. To our surprise, an urge to masturbate still remains, but this urge is always warded off. From the moment that the positive Oedipus complex is abandoned, the meaning of masturbation changes. Masturbation

¹¹ Katan, M.: 'Schreber's Hallucinations about the "Little Men"', *Int. J. Psycho-Anal.*, 31 (1950), Parts 1 and 2.

¹² This same material was covered by 2 paper, 'Studies in Passivity', read by Anna Freud at a meeting of the Detroit Psychoanalytic Society in Cleveland, Ohio, 25 October, 1952. This study has not yet been published.

¹³ I want to stress the distinction here between

castration- and emasculation-danger. Castration-danger arises from the positive Oedipus complex, whereas emasculation-danger results from the constitutional urge towards femininity.

¹⁴ See Katan, M.: 'Structural Aspects of a Case of Schizophrenia', *Psychoanalytic Study of the Child*, Vol. V. (New York, International Universities Press, 1950.)

then becomes the expression of the feminine urge. This conclusion throws light upon the entire phase which follows, during which phase the various defence mechanisms are concentrated upon warding off masturbation.

This defensive struggle is proof that in this part of the prepsychotic phase genital excitement exposes the patient to inordinate danger. Why else is the warding off of genital excitement so intense, and why, especially in cases like Schreber's, is the connexion with reality severed as a result of the inability any longer to exclude genital orgasms? We cannot escape the conclusion that most of the time the patient does not wait until a genital orgasm occurs but breaks off connexions with reality before this point is reached.¹⁵

The prepsychotic personality structure, which is the aspect of our subject now under consideration, is greatly weakened. The remnants of the ego ward off the urge towards femininity because of the danger of emasculation. If a genital orgasm still occurs, however, it is a sign that the feminine urge has been victorious and that emasculation must be accepted. The only way of escape, then, is to abandon reality.

Let us examine closely the defence process before reality must finally be relinquished. Through the dropping out of the positive Oedipus complex, the ego defences have become extremely limited. The relation between ego- and id-strength tends to change even more in favour of the id. The situation may be summarized as follows: the ego tries (a) to ward off the stimulation exerted by the outside object, (b) to repress the urge, and (c) to prevent the urge from arousing the genital apparatus.

(a) The struggle against the outside object seems to be of secondary importance, for the stimulation of the genital apparatus can occur independently of the presence of the object because of the tremendous strength of the unconscious fantasy. Not that this type of defence is altogether lacking, for frequently feelings of estrangement may exist in relation to the environment or there may be avoidance of certain men, aggressive acts against these men, or complaints by the patient that the male attendants are ordered to bathe him, etc.

(b) The ego is powerless to diminish the strength of the feminine urge. Its principal mechanisms of defence are repression; anxiety attacks; phobic mechanisms; hypochondriacal anxieties, which show gloomy portents of what may happen to the body if the genitals are aroused; etc.

(c) At first glance, the chances of the ego's preventing or at least postponing the outbreak of sexual excitement by interference in genital function seem rather good. The ego relinquishes this function and, through projection, ascribes to its male love object these genital attributes. True, in

this way the patient finds a defence against the possibility of his penis becoming aroused. But what actually happens, as a result of this defence, threatens to destroy his success completely. To demonstrate what takes place, let me show how Anna Freud's examples of passive homosexuals, and also, how the prepsychotic phenomenon of the 'narcissistic' Oedipus complex, differ from the prepsychotic state now under consideration. The passive homosexual, through idealization of the other man, creates a homosexual relationship through which he is able to defend himself against the castration danger resulting from the positive Oedipus complex. In the transitory phase of the narcissistic Oedipus complex, the patient loves the mother in order to ward off his own femininity. Thus in both phenomena a dangerous urge is ward off by the process of idealization. Although at the moment that the positive Oedipus complex is lost, the idealization of the other man may at first ward off the outbreak of sexual excitement—and this point I particularly want to stress—the dangerous urge is nevertheless not ward off. On the contrary, this idealization will further accentuate the patient's feminine urge. The patient now finds himself in a dead-end street: his admiration of the other man—initiated in order to ward off his sexual excitement—intensifies his feminine urge, which fact leads to a return of his genital excitement, and as a result he must increase his efforts to repress his feminine urge. The advantages of the idealization are almost immediately neutralized. When this stage is reached, the anxiety in many cases acquires enormous proportions. It is my impression that the anxiety in the prepsychotic phase surpasses any other anxiety state. Sometimes the patient, in desperation, attempts to commit suicide. A few individuals even try to get rid of the troublesome organ by castrating themselves.

In view of this emasculation danger, it is appropriate to ask why the patient continues to cling to his masculine love object, why he does not relinquish his feminine urge immediately. To find out the answer, we must focus our attention upon the patient's relation to reality. Once the Oedipus complex has been relinquished, the patient's main tie with reality is his attachment to the other man. If this attachment is abandoned, contact with reality can no longer be maintained. The maintaining of contact with reality is the ego's primary task, and this task is facilitated by the fact that the male object constitutes the patient's own ideal of masculinity, which narcissistic ideal he does not want to surrender. In this phase the ego, in order to exist, either must love itself or must love its ideal in another person. The dangerous desire to be a woman in relation to the other idealized man is in harmony with the ego's aim to maintain contact

¹⁵ Once delusions are formed, potency may return. The patient is then sometimes able to perform intercourse again or to engage in masturbation.

with reality. Here the ego is caught between two opposing forces within itself. The feminine urge carries with it the danger of emasculation, and therefore the ego has to ward off this urge. On the other hand, this unconscious urge constitutes the last tie with reality, i.e. the last tie with the object which represents the ego's ideal. In the latter situation, therefore, the ego and the id have become partners. Very little is necessary at this point to disturb the balance, and the ego is forced to give up the struggle of maintaining contact with reality.

The question now arises, why is some other development not possible, namely, why is the ego not able to bring this urge to regression, in which state it (the ego) would have anal or oral desires to cope with, which desires would perhaps give rise to a lesser danger than the danger revolving around the genitals? The limitation of time prevents me from discussing this problem here. I shall simply stress that it is necessary for the ego not only to bring the urge to a state of regression but also to build up sufficiently strong defences to prevent the arising of anal or oral excitement extending to the genital region and arousing the penis. Of course, in the prepsychotic phase *warded-off* anal and oral material may also be present, but genital excitement is usually still possible at the same time. During the prepsychotic phase, therefore, this process of regression of the urge is not too successful in warding off the outbreak of genital excitement.

There is still another method of ego defence possible in the prepsychotic period. Reconstruction of the prepsychotic period, through the use of psychotic material—delusions, hallucinations, and catatonic symptoms—shows that the prepsychotic ego regresses in order to remain in command of the situation. Needless to say, any such attempts are in vain. Let us take as an example the catatonic patient who lies curled up in a foetal position. This behaviour points to a prepsychotic ego defence of a flight back to the womb in order to ward off the genital homosexual danger. Such an ego defence is not possible in the sphere of reality. Therefore, although the prepsychotic ego makes use of regression, an observer would not be aware of the presence of this regressive material if it were not revealed by the psychotic catatonic symptoms, the latter being a delusional expression by means of the body.

Within the frame of ego regression, the very early pre-oedipal relationship to the mother constitutes a special problem. For instance, there are analysts who think that the homosexual conflict, as I have described it, is not something fundamental to the development of schizophrenia but represents only a later phase of a development which began with the early oral attachment to the mother. In my opinion, clinical material leaves no doubt as to the overwhelming importance of the homosexual conflict. This typical conflict is not the result of warding off dangers which revolve around

the positive Oedipus complex, nor was this conflict ever present in this form in early infantile life. In the prepsychotic conflict the masculine attributes of the object represent (for the male patient) an ideal of his own masculinity which he has had to surrender. The early mother-figure did not have the meaning of such a narcissistic ideal. Therefore, if such early attachments play a rôle during the prepsychotic phase, they may have started merely as ego-attempts to cope with the conflict through the use of regressive attitudes. These ego-defences are bound to be unsuccessful in warding off the conflict. What then happens is that the *warded-off* urge penetrates into the defence mechanism. The phallic mother-figure becomes secondarily (for the male patient) simply a regressive representation of the feared father-figure in the homosexual conflict—the breast, for instance, becoming a phallic symbol. We may assume that women schizophrenics generally reveal more pre-oedipal material than men do, for the mother-figure is at the centre of the prepsychotic conflict in the woman.

I have already explained why I think that the passive feminine urge of the prepsychotic phase (in the man) is a constitutional one. It is thus my impression that if the early attachments to the mother are expressed at all, they are channelled into the all-prevailing homosexual conflict. Some male schizophrenic patients, for example, will insist that the female head nurse is a man in disguise.

Too strong pre-oedipal fixations can lead to a very disturbed personality structure in later life. Nevertheless, such fixations generally do not result in subsequent schizophrenia. We may assume that for the formation of the specific schizophrenic conflict, the influence of other factors is necessary. In particular, such factors must cause the heterosexual element to disappear.

Finally, when the ego is too weak to master the conflict, contact with reality is broken off—an event which marks the end of the prepsychotic phase.

Before leaving the prepsychotic phase, I wish to make a single remark about borderline cases. The latter show many prepsychotic characteristics, and a large number of these cases may be considered as being in a more or less fixed prepsychotic state.

The Non-Psychotic Layer

After contact with reality has been broken off, the symptoms of the psychosis proper make their entry, such as hallucinations, delusions, etc. This does not mean that from then on, the entire personality has become psychotic. To our surprise, we must conclude that a part of the personality continues to behave as if the prepsychotic personality structure still existed. We arrive at this conclusion (1) from our observation that, in addition to the strictly psychotic symptoms, prepsychotic ones are also frequently still present, and (2) from our reconstructions.

That part of the personality which has not become psychotic does not remain constant in size but changes all the time. It increases and decreases in size continually. In my opinion, it is easy to see why this occurs. When the danger constituted by the homosexual urge is not too pressing, the remnants of the ego are naturally able to cope with the situation in a realistic way. That is the reason why psychotic patients at certain periods may make a normal impression. When the homosexual urge increases in strength, however, under the influence of either inner or outer stimuli, the relative strength of the ego will decide whether a subsequent reaction will be in accordance with reality or whether a psychotic symptom will make its appearance.

Thus we see that the situation as it exists during the prepsychotic phase still continues in the psychosis. One cannot call this part of the personality psychotic, for a certain contact with reality—although of a very simple nature—is still maintained. Neither can this part be called prepsychotic. I have therefore given it the name of the non-psychotic (parapsychotic) layer.

We next discover that Freud, in his article 'On Narcissism, an Introduction', has already described a group of phenomena in schizophrenia which are residual in nature.¹⁶ The same idea, although in a much more specialized form, is set forth in 'Certain Neurotic Mechanisms in Jealousy, Paranoia, and Homosexuality'; namely, the three layers of jealousy—the normal, the 'projected', and the delusional—overlap in jealousy paranoia.¹⁷ Here I am conceiving of the 'projected' form as belonging to the non-psychotic layer. What Freud pictures clinically as a special occurrence is actually a general phenomenon common to both paranoia and schizophrenia.

What changes occur in the prepsychotic personality or in the non-psychotic layer when relations with reality are severed? I have explained elsewhere why I think that in the part of the personality which is affected, a total regression takes place to the undifferentiated state. The cathexes of both ego- and id-strivings, content, etc., are withdrawn. Through the psychotic restitutional process the conflict is cathected again and mastered by unrealistic means. The delusion constitutes this psychotic mastery of the conflict. Here we reach a very important conclusion: the delusion does not possess an unconscious. To give an example. One may distinguish between a neurotic and a delusional projection. The neurotic projection serves the purpose of warding off the id. For instance, the man who thinks somebody else is a homosexual may have this thought in order to keep his own homosexuality confined to the unconscious. The delusional form

of projection has a wholly different structure. The homosexual drive has lost its cathexis in the id and is now attributed to someone else. To put it differently, although not entirely correctly: part of the id has become outer world. The delusion is a sign that in the prepsychotic phase or in the non-psychotic layer contact has been broken off, and the formation of the delusion is the result of the attempt to repair the break with reality.

The hallucination, which one may call a delusional observation, belongs to the same class as the delusion. Let us take as an example Schreber's hallucination of the 'little men'.¹⁸ The content of the hallucination, namely, little men descending from the stars and sometimes dripping down upon his head by thousands in a single night, symbolizes a nocturnal emission. The 'little men' themselves symbolize spermatozoa as well as the men to whom Schreber in his earlier days had been homosexually attracted. His excitement, which had its origin in the non-psychotic part of the personality, took a different course from that in the prepsychotic period prior to the psychosis. In the prepsychotic period the excitement led to genital emissions; a few weeks later, in the psychosis, before a situation leading to excitement could arise, the energy of the homosexual urge was withdrawn and then used to form the hallucination. Thus the hallucination is formed in anticipation of a danger. The energy of the homosexual urge evaporates in forming the hallucination. *The hallucination is therefore a discharge phenomenon, which serves to prevent the development of danger.* Of course, when the homosexual urge acquires energy again, then the danger returns.

Our newly gained insight into the hallucination as a discharge phenomenon agrees substantially with Freud's idea in *The Ego and the Id*: "... the most vivid memory is (still) always distinguishable both from a hallucination and from an external perception; but it will also occur to us that when a memory is revived, the cathexis in the memory-system will remain in force, whereas a hallucination which is not distinguishable from a perception can arise when the cathexis does not merely extend over from the memory-trace to the percept-element, but passes over to it entirely."¹⁹ In Freud's opinion, the entire cathexis is used in the perception. Time is lacking to go into this subject further.

Through the hallucination the energy of the dangerous urge which would destroy contact with reality is discharged, and this fact leads to the conclusion that the hallucination serves to maintain contact with reality in the non-psychotic layer. This goal of maintaining contact with reality can be achieved only by abandoning it for a short while through the formation of a psychotic symptom (the

¹⁶ Freud, Sigmund: *Collected Papers*, Vol. IV, p. 44. (London, Hogarth, 1946.)

¹⁷ Freud, Sigmund: *Collected Papers*, Vol. II, p. 234.

¹⁸ Katan, M.: 'Schreber's Hallucinations about the "Little Men"', *Int. J. Psycho-Anal.*, 31 (1950).

¹⁹ Freud, Sigmund: *The Ego and the Id*. Fifth Impression, p. 22. (London, Hogarth, 1949.)

hallucination? It is like avoiding a major evil by accepting a minor one.²⁰ The permanent severing of contact with reality would lead to delusion formation. The *hallucination*, viewed from this angle, is a *prevention of a delusion*. This function is demonstrated beautifully in the case of Schreber by the group of hallucinations revolving around the idea of the 'end of the world'. When the hallucinations had to be given up, Schreber formed the *delusion* that the world had come to an end.

The latter delusion and also certain catatonic symptoms are very special phenomena among the psychotic symptoms. The non-psychotic counterpart of the delusion of the 'end of the world' would be the attempt by the ego to negate the existence of the men in the environment whom the patient found homosexually stimulating. Since this non-psychotic defence of negation is not possible, the cathexis of the id-representations of the stimulating aspects of these men is withdrawn. Through this withdrawal the ego defence loses its *raison d'être*, and its energy too becomes available. The withdrawn energy is then used by the attempt at restitution to form the delusion that the men in his (Schreber's) environment do not exist, i.e. 'the world has come to an end'. This psychotic idea is not a negative hallucination but the patient's delusional conviction about his environment. Of course, not all stimulating influences from the outer world can be prevented in this way. In Schreber's case, for instance, notwithstanding the fact that the world had come to an end, Flechsig's soul still continued to influence Schreber, and also the unconscious urge in the id of the non-psychotic part of his personality was aroused by inner stimuli. But the delusion demonstrates that the patient was trying to protect himself against surprises from the outside.

This defence against the outer stimuli enables the non-psychotic ego to concentrate upon further suppressing the genital excitement. As soon as the ego in the non-psychotic layer succeeds in excluding genital sexuality, the homosexual danger caused by the presence of other men is removed. It is therefore no longer necessary to negate their existence, and at this point the delusion about the 'end of the world' disappears.

A similar function is performed by certain catatonic symptoms. These symptoms aid the ego in warding off the possibility of the genitals becoming aroused in spite of the various defences. As soon as the ego is able to master this excitement sufficiently, the catatonic symptoms disappear again.

Once the non-psychotic ego has acquired complete mastery of the genitals so that they will not become aroused any more, a new phase in the psychosis comes to full bloom. The picture of the psychosis is now determined by the psychotic defences against anal strivings.²⁰ It is sometimes

not until several years after the psychosis proper has begun that the ego in the non-psychotic part of the personality finally succeeds in bringing the passive feminine urge to regression. Again I want to remind you that these processes manifest themselves in psychotic symptoms, which are the source for our conclusions about the preceding non-psychotic conflict.

CONCLUSIONS

At the close of my paper I can only express the hope that I have made it clear why I consider the non-psychotic layer more important than the psychosis itself. The psychotic symptoms are end products. Only by examining their origin can we gain insight into their structure, and this origin is to be found in the prepsychotic phase and in the non-psychotic layer.

How is it possible to effect improvement if the psychotic symptoms are signs of absolute narcissism? When we speak of the psychosis as a state in which no contact is maintained with the outer world, we are referring to the results of the attempt at restitution. In the psychotic part of the personality contact with reality is lost, and one cannot establish contact with the psychotic layer through psychotherapy. Yet the psychotherapists are correct in their assertion that they are able to effect improvement in the schizophrenic patient. By securing a foothold on non-psychotic territory, the therapist attempts to increase the strength of the ego. If this attempt is successful, the ego is able to surmount dangers which previously it was powerless to cope with. Because of this fact, energy which otherwise would reach the psychotic part may now remain within the more healthy part of the personality.

Both the prepsychotic and non-psychotic layers of the personality play a rôle in the formation of the psychosis, which rôle may be compared with that of the infantile neurosis in the formation of the adult neurosis. In the adult neurosis we find the same defences against the conflict as were already present in the infantile neurosis.

In the psychosis the relation to the prepsychotic or non-psychotic conflict is a different one. The psychotic defences are necessarily different from the non-psychotic ones because the defences working in harmony with reality are too weak to ward off the danger and therefore cannot be maintained. On the other hand, a relationship between non-psychotic and

²⁰ Catatonic symptoms and the influence of anal strivings upon the picture of the psychosis will be subjects for future articles.

psychotic defences is not totally lacking. The non- (pre-) psychotic defences serve as a matrix for the psychotic ones. In view of this difference between the two types of defences, we may say that psychotic symptoms do not have a direct connexion with infancy. Events happening in infancy may lead to a weakening of the personality structure in later life and thus be directly related to the prepsychotic and the non-psychotic layer, but the psychosis proper does not have its immediate origin in infancy.

As far as the cause of schizophrenia is concerned, two factors come at once to the fore: constitutional and psychogenic. In view of the

changes taking place in the constitutional bisexuality, namely, the disappearance of heterosexuality and the predominance, in the pre-psychotic development, of an urge towards femininity in the man (and towards masculinity in the woman), one is inclined to add a third factor, an acquired organic one, which is probably of endocrinological nature. These three factors seem to work in combination. Now and then one of the three may be held entirely responsible for the outbreak of a psychosis, but in the majority of cases there seems to be a combination of the three factors. It will be up to chemistry to prove whether this hypothesis is true.

THE SCHIZOPHRENIC DEFENCE AGAINST AGGRESSION¹

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Research in schizophrenia received stimulus from the interaction of a more detailed understanding of the psychology of the ego and of recent therapeutic experiments. The advances in the differentiation of ego psychology that relate especially to the earlier phases of ego development and of object relationship focus our attention again on the problem of the schizophrenic disturbance. As to theory, we here refer mainly to the work of Melanie Klein on this side of the Atlantic and of Hartmann, Kris, and Loewenstein on the other. Our indebtedness to them for the promotion of fresh views on clinical problems cannot be sufficiently emphasized. With regard to therapy, we are considering the work of Bychowski (7), Eissler (8), Rosen (30), Wexler (35), and Rosenfeld (31), and other contributors from the British school.

In applying our more differentiated concepts of early ego structure to the schizophrenic disorder, we are in a way reversing the historic process hitherto familiar in psycho-analysis, namely, the method of approach from the pathological to the genetic. Indeed, our early concepts of the ego were derived by Freud (11) from the study of schizophrenia. The methodological pitfalls of reconstructing biological phases of maturation through extrapolation from adult pathological phenomena into a genetic frame are well known. It is our basic approach that in pathology we deal with regressive phenomena, but we should certainly keep in mind that owing to the complexity of the disease process which affects the ego and its functions to a varying degree and only in parts, the genetic aspect can only be observed together with the alterations of the above-mentioned structures. We refer especially to the relative integrity of some autonomous ego functions (Hartmann, 18), the varying degrees of integrity of perception, and of the super-ego, which while undergoing regression necessarily bring about an entirely different picture from the one we may hypothesize in early infancy when these

functions and structures have not yet come into existence. But this pitfall of adultomorphism is not the only one, since we have to consider the possibility of new phenomena, created by the interaction between the partially destroyed, partially retained functions of the ego and the regressed drives of the id. However, in applying our structural concepts and theory of cathexis to the manifestations of the schizophrenic illness, we bear in mind that we are employing auxiliary hypotheses aiming at an approximation of processes most likely pathophysiological in nature.

There is substantial agreement among psychoanalysts that in the schizophrenic illness three processes are largely involved: First, the withdrawal of libidinal cathexis from object representations; second, the regression of the ego to primary narcissism; and third, the attempt at restitution. While any of these three factors could be studied separately, we realize that they are only different aspects of a regressive adaptation in which any one of the three elements to some extent implies the other two.

Since the differentiation of cathexis into libidinal, aggressive, and neutralized (Hartmann, Kris and Loewenstein, 17), it is important to inquire into the distribution of these cathexis changes and into their sequence. Freud (12) hinted at the possible primary role of withdrawal of ego cathexes in psychosis that may bring about secondarily the withdrawal of object cathexis. The withdrawal of object cathexis inherently implies the cathexis of the self (Hartmann—personal communication) which, however, may vary as to developmental stages, depending on the degree of regression, resulting in corresponding variations of the clinical picture. In addition, since Hartmann supposes that 'true' object relationship depends on some form of neutralized cathexis and since we now have more detailed knowledge of the development of object relationship from 'need-satisfying' to 'constant objects' (Hartmann,

¹ Paper read in the Symposium 'The Psychology of Schizophrenia' at the 18th International Psycho-Analytical Congress in London on 28 July, 1953.

19), we may surmise gradual regressive changes in object relationship due to withdrawal of neutralized cathexis. And indeed, it seems likely that in the withdrawal process these latest types of object relationship may be decathected and the historically earlier, more concrete or 'need-satisfying' ones re-invested. The clinical fact that hypercathexis by neutralized energy may appear at the inception of schizophrenic illness in the form of over-investment of abstract ideas (for example, Bolyai's discovery of non-Euclidean geometry—Hermann, 21), does not alter what is stated above, since it belongs among the manifestations of last attempts at restitution—which is always at work—to hold on to the object world.

We have already implied a historical stratification of object relationship. It seems that we can speak of withdrawal from object representations in a very narrow and specified sense only, as in the case of negative hallucinations, or of complete denial of part of reality, and particularly since the cathexis of the self, even in its furthest point of regression, as in primary narcissism, entails a certain form of object relationship. The fact that the regressive cathexis changes invest self-representation which, as we shall see, are the self-aspects of object relationship, makes the regression simultaneously restitutional in essence.

The interdependence of self and object representation, of outside and inner world, was implied by Freud in his interpretation of Schreber's world catastrophe, and it was in Melanie Klein's (26) work that it acquired basic significance for normal development and pathology as well. The interdependence of self and object gives a double aspect to the restitution process, and the attempt to recreate objects serves simultaneously the restitution of the self. This appears to be the basic adaptive effort around which the schizophrenic symptomatology is built.

We turn now to phenomenology in order to formulate the ego disorder in structural terms. The schizophrenic anxiety seems to centre around the change in the self that is conveyed by a diminished sense of activity and changes of perception affecting the ability to direct attention to outside objects and to control thinking processes, to feel emotional relationships and to carry out action. The emotional experience is an increased *sense of loss of control* (this may well be the reverse of the process Hoffer (24) has described—'self-control through object control

finally leads to transient object love'). The experience of loss of control constitutes a great threat to the self, since it affects not only secondary, but also primary autonomous functions of the ego. Retained self-observation refers to this phase, as: 'I'm becoming an animal', or 'I'm turning into a protoplasmic mass', or 'the filter burned out', thereby referring to the threat of individuality, to the inability to master the aggressive and libidinal drives and to control memory ('Loss of repression' and 'automatisms'). The capacity of the ego to direct its functions seems to be lost and the ego becomes passive, to a great extent the object of the drives. We may thus assume that the ego feeling of active direction and mastery of its functions and the uniqueness of self may be dependent on its capacity to neutralize aggressive energy. We may also assume that the varying degrees of acuteness of the schizophrenic illness depend just on the pace and extent of withdrawal of neutralized cathexis. The liberation of large quantities of aggressive and libidinal drives, completely unhindered in their discharge in the acute catatonic attack, would speak even more for the correctness of Hartmann's (17) assumption of counter-cathexis derived from aggressive energy than in the neuroses. The sudden inability of the ego to neutralize aggression (which inherently means the loss of object in varying degree) turns the entire aggressive drive loose, and this develops increasing impetus and destroys the self that has become its object. (The formerly frequently fatal course of acute catatonia could be viewed as the equivalent of the 'foudroyant general paresis' which Ferenczi and Hollos (7) derived from quantitative factors, from the swift disintegration of the 'ego centrum'.) It is obvious now that the ego's capacity to neutralize drive energies has a quantifying dosage function, and thus neutralization may well be of paramount importance in the service of self-preservation. It also serves the function of hindering the development of instinct whirlpool (Hermann, 22) in the centre of which is death. If, until now, we have spoken with Freud of 'the ego being overwhelmed by the id', we may add that this is due to the ego's incapacity to neutralize parts of the drives, by which 'perception regains its early 'need-satisfying' function (Hartmann, 19; Bak, 4).

According to these considerations, we have come to a tentative but a rather far-reaching conclusion. It would seem that either through a quantitative factor in the aggressive drive, or

through the dysfunction of some specific part of the ego responsible for neutralization, it is the aggressive drive that is instrumental in bringing about the regression.² It seems likely that the neutralization may be at least partly a function of the non-conflictive part of the ego (Hartmann, 14). And it may also depend on quantitative factors what form of defences develop. Melanie Klein (25) considered the schizophrenic ego disturbance (falling to pieces and splitting of the self) as a defence against being annihilated by an inner destructive force; the splitting, according to her, would serve the 'dispersal' of the destructive impulse. We have come very close to her assumption in proposing that the regression to primary narcissism aims at the elimination of aggression which is to some extent fulfilled by the maintenance of objects and self through fused relationship.

Since neutralization does not function, the object (and the self) are exposed to the aggressive drive (sadistic-anal, cannibalistic destruction). Nunberg (29), in his analysis of the catatonic attack, examined the phenomenon of transitivity³ and stated that the cathexis of the objects is achieved by incorporation of the object into the ego. According to Nunberg, in the case he cites the incorporation could have been accomplished only by means of aggressive and cannibalistic devouring, but since no gratification could have been achieved in this way, the temporary solution of this patient 'to reach the object was through narcissistic identification, and by that let the object dissolve within the ego'. In Nunberg's statement, even though he follows a frustration-regression theory, it is implicit that the dissolution of the object within the ego is a defence against the aggressive, cannibalistic incorporation. Nunberg's statement should be supplemented by the question: By what mechanism—if not by oral incorporation—will the letting 'the object dissolve within the ego' take place?

The French psychiatric school (deClerembault, Levy-Valensi, Nayrac (27), worked out within the frame of 'l'automatisme mentale' those symptoms and courses which, through the syndrome of de-possession, ultimately lead to the loss of psychic and social individuality. ('Perte de l'individualité psychique et sociale.') De-possession embraces those phenomena

which essentially are the disconnexion and separation of the psychic dispositions and functions of the ego. ('Désannexion, désappropriation du moi.') Clinically the syndrome of de-possession stands in closest connexion with transitivity and with delusions of being influenced which objectify in the form of explanatory delusions (Erklärungs-wahn-vorstellung) the experience of the decomposition of personality. Along with this process the subjective feeling that the psychic qualities belong to the ego is lost, and the cause of this loss will be projected into the outer world in the form of explanatory delusions. In consequence of all these factors, new forms of relation appear between the ego and the outer world.

Hermann (20) described the temperature-orientation as one of the earliest perceptive functions of the ego ('ego-orientation'). He regarded the sensory experiences of warmth and coldness, i.e. closeness or distance of object, and further the flowing over of temperature between subject and object, as the genetic sensory prototype of fusion between self and object. This flowing over is preliminary to identification and, in relation to temperature, constitutes one of the important functional aspects of the undifferentiated phase (Hartmann, 12).

The term 'overflowing' corresponds more closely to our concept of object relationship in the undifferentiated phase (Hartmann, 15), since we cannot speak of ego in a structural sense, than Brierley's (6) 'primary identification', and Melanie Klein's (25) 'projective identification', and Hoffer's (23) 'ideal internal milieu' which refer essentially to the same process.

When regression under the predominance of temperature orientation occurs, the delineation of ideas ceases, and thinking does not take into account boundaries between subject and object, in consequence of which mutual influences, interchanges, fusions between self and objects occur. The regression to this type of thinking is parallel with the abolition of demarcated subject-object relationship. The experience of 'uniqueness' of the self and object disappears and the 'self' regresses into the concept of 'group member'. These group concepts have their historical development (various contents) and their genetic prototype in the dual unity of mother and child. In this earliest of relation-

² Freud (13) applied a similar dynamic principle to libido in nosogenesis, calling it 'relative frustration'.
³ By Transitivity (Bleuler, 5), we refer to the frequent

delusional contents, such as: transference of thought, deprivation of ideas, thoughts put into the mind, thoughts known to everyone, echos, etc.

ships, outside of oral incorporation, the need to be of equal temperature with the mother plays an important role (Bak, 1).

Just as the oral sensations become crystallized in the direction of formation of a mouth-ego (Hoffer, 24), the temperature sensations of the skin may be potent contributors to primitive sensations of body-ego boundaries leading to body-image formation (also Schilder-Wechsler, 32), and eventually to its pathology as well.

In the delusional ideas and hallucinations of schizophrenics, the regression into group concepts and fused relationship with objects along with temperature sensations or hallucinations is evident at some time or another during the course of the illness. (In the Schreber case and in Nunberg's case there is also substantial material in this direction.) Let me demonstrate this with a brief clinical example (Bak, 2).

A catatonic girl, after the disappearance of her mutism, claims: 'I re-lived the horrors of my own birth. . . . I feel the things that happen to others. . . . I have to become a medium. . . . There are connexions on the ward among the patients. . . . I walk around helping them as the spirit of somebody else. . . . Several women have become one individuality because I was fed through the tube. . . . The blood is one. . . . The words of the doctor were "exhausted", because he poured them out through the tube. . . . I wanted my father to die. . . . Then my father complained about peculiar feelings in his head and thought he would die soon. . . . Every time when I took medicine I had the feeling that *I draw on the strength and energies of their lives so as to increase my own*. . . . I had feelings of cold in my eyes. . . . I feel connexions with the patients and with my family . . . i.e. my brother identified himself with me, he speaks the way I do. . . . I was sitting on the toilet contemplating and later the entire family did the same. . . . *I had the feeling that I suck out the vitality of my brother they were coughing. . . . In my environment they all caught cold and at the same time I was almost exploding from warmth, from heat*. . . . I felt that everything is at their cost. . . .'

The patient is melting together with her environment by free communication through her body-ego. She regressed into a system of collective patterns with free communications

them. All those who were fed by the tube have become united into one personality. The words ~~too~~ can be poured into another person through the tube and the one who is feeding loses them. Her thinking and experience is moulded according to the operational way of temperature equalization. The individual integration became dissolved into the collective unity of 'patients' and 'family'. *The relationship with objects in these collective units is based on temperature. Thus the family unity is represented by a temperature unity.*

We have come to the assumption that the ego, in order to avoid the destruction of the object world, has taken a position where the world and the self fall into one unit. In this fusion between the self and the object the operation of aggression has become eliminated. Henceforth we would presume an undifferentiation of libido and aggression together with the structural undifferentiation. The significance now seems to us more clear which Melanie Klein (25) attaches to the splitting of the 'good and bad objects', and we may supplement her theory that the ego's inability to develop integration or cohesion due to the lack of the internalized 'good object' leaves it with a tendency to fall back to an undifferentiated fused relationship. We are in no position to say what hereditary factors may play a role so that the differentiation between ego and id, and libido and aggression may be delayed. Or in what way there is an interplay of the environmental factors that throw back the growing individual to the undifferentiated phase. We may wonder, however, since even functions of primary autonomy are very vulnerable at their inception; and are apt to regress under traumata (Anna Freud, 10), how much more vulnerable the functions are that lead to object relationship. It is obvious that the delay in differentiation would necessarily hinder the development of object relations in general, and especially of good object relations, since the developing musculature and teeth formation furnish instruments in the service of the ego to establish the desired unity in an aggressive, sadistic way. Melanie Klein's (26) emphasis on the phantasy of forceful entry into the mother's body (which is clinically observable in schizophrenic patients)⁴ is also in the service of unity, naturally also for the control of the object, but at

the mother will remain a latent wish throughout life, temporarily realized in sleep, and it will be the corollary tendency in the psychic structure which Nunberg expressed poignantly a long time ago, 'The tendency of the ego to reunite with the id to maintain its unity never ceases.' And in schizophrenia this is accomplished in order to avoid the destruction of the objects; the ego unites with the id; it becomes undifferentiated.

Within the scope of this paper it would be impossible to spell out the unfolding of this process, but before summarizing the above propositions, allow me to return to the formulations of Freud (14) concerning the difference between neurosis and psychosis. We still maintain that neurosis is the result of the conflict between the ego and the id, particularly between the ego and sexuality. However, the psychoses seem to be rather an outcome of the conflict between the ego and aggression. It does seem that the more a clinical picture approaches psychosis, the more dominant becomes the conflict between the ego and aggression. This may well be valid not only in schizophrenia, but in other psychoses and borderline states as well. The different clinical pictures will then in part be determined by the defences the ego is able to apply *instead* of the neutralization of aggression, i.e. projection in paranoia, or turning against the self in melancholia. Furthermore, it could be that beside the degree of the neutralization-disturbance of the ego, the libidinal context of

the aggression may also determine the choice of defence.⁵ And, whereas the ego seems to be able to deal with the sexual conflict by repression, specifically in schizophrenia the defence against aggression may force the ego into regression to the undifferentiated phase.

SUMMARY

(1) Applying Hartmann's concept of neutralization to the schizophrenic ego disturbance, we have arrived at the assumption that the ego's inability to neutralize the aggressive drives constitutes the core of the ego disorder (Bak, 4).

A. It leads to self-experiences which result in the fear of inner change, loss of control, and ultimately loss of personality.

B. It liberates the aggressive drive and thus exposes the objects to destruction. Depending perhaps on quantitative factors, the defence against the aggression is dealt with by withdrawal, projection, and varying grades of regression of the ego to the point of its undifferentiated phase.

(2) In the undifferentiated phase we consider an undifferentiation of libido and aggression concurrently and assume a pre-affective relationship between self and object based on temperature.

(3) Finally, re-examining the difference between neurosis and psychosis, we suggest that neurosis is an unsuccessful defence against libido, whereas psychosis is predominantly an unsuccessful defence against aggression.

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CONSIDERATIONS REGARDING THE PSYCHO-ANALYTIC APPROACH TO ACUTE AND CHRONIC SCHIZOPHRENIA¹

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I propose to discuss the psycho-analytic approach to the treatment of schizophrenia, as it is being developed by a number of psychoanalysts in England, including myself. This work derives from Melanie Klein's researches into the early stages of infantile development and from the technique she uses, both in adult neurotic and borderline psychotic patients and in the analysis of children.

In our approach to schizophrenia we retain the essential features of psycho-analysis: namely, detailed interpretations of the positive and negative transference without the use of reassurance or educative measures; the recognition and interpretation of the patient's unconscious material; and, above all, the focusing of interpretations on the patient's manifest and latent anxieties. It has been found that the psychotic manifestations attach themselves to the transference in both acute and chronic conditions, so that what one may call a 'transference-psychosis' develops. The analyst's main task in both acute and chronic schizophrenias is the recognition of the relevant transference phenomena and its communication to the patient. Particularly in the analysis of acute schizophrenia, certain practical problems arise as to the management of the patient in the consulting-room; these will be described later.

THE MANAGEMENT AND TREATMENT OF ACUTE SCHIZOPHRENIC STATES

The first difficulty in managing an acute schizophrenic patient outside the analysis is the question whether he should be kept at home or in a mental hospital or nursing home. Some of such difficulties may increase during the analysis, for the changes in the patient's condition are

often so quick and dramatic that the relatives are completely at a loss in responding to his behaviour and cannot cope for long with these problems. Again, if we arrange for the patient to stay in a mental nursing home and to come from there with a nurse by car to our consulting-room, there may be aggravations in his condition when it is impossible for him to travel. So in any treatment of acute schizophrenia we may sooner or later be faced with having to visit the patient in a nursing home, which may involve a great deal of time travelling. It is not possible to treat an acute schizophrenic patient unless one has the fullest support of the environment. For example, the nurses or relatives have to inform one every day about the patient's talk and behaviour.² The ideal background for an analysis of an acute schizophrenic would be a hospital easily accessible to the analyst with a trained staff, which does not exist in London as yet because it requires financial means beyond our capacity. Therefore the psycho-analysis of acute schizophrenics has often to be carried out under most unsatisfactory conditions.

THE ACTUAL TREATMENT OF ACUTE
SCHIZOPHRENIA

In the analysis of acute schizophrenic patients the whole of the patient's behaviour, his gestures and actions are to be used as analytic material to a far greater degree than is usual in the analysis of neurotics. The patient often has difficulty in talking and may be confused, negativistic, or withdrawn. In almost all the cases of acute schizophrenia I have seen in consultation or have treated by analysis such typical schizophrenic behaviour was being used

¹ Paper read in the Symposium 'Therapy of Schizophrenia' at the 18th International Psycho-Analytical Congress in London, 28 July, 1953.

² The analyst has often to discuss with the nurses the main trend of the patient's phantasies in order to enable them to handle the patient without force. While avoiding reassurance myself in order not to obscure the

analytic situation, I encourage the relatives and nurses to use reassurance. For example, when a patient refuses to eat because of overwhelming greed, I advise the nurse that the patient may be helped to eat by being told 'I will see that you will not eat too much'; or if he feels too guilty to eat, the nurse is told to say, 'You deserve to eat'.

as a cover for overwhelming anxieties. The patient may not be able to respond to any ordinary conversation, but if we use interpretations to approach him and if our interpretations touch upon his anxieties, we shall get some response. There will either be a change in his behaviour or he will talk.

With acute schizophrenic patients, these severe anxieties become related to the transference-situation. I will report some material of the analysis of an acute schizophrenic girl of 17, not so much for the purpose of substantiating the correctness of my interpretations, but in order to illustrate that an acute confused schizophrenic can be approached by transference-interpretations and that a response to interpretations can often be clearly observed.

Anne is in her third acute schizophrenic phase, which had lasted for over six months when I started the treatment at the end of May, 1953. The first attack occurred at the age of 13. She had had electric shock treatments and insulin comas at various times, but they had to be stopped because she had become too excited. The mother had been unable to breast-feed the child and had left her almost entirely in charge of a nannie from the beginning, while she herself went out to business. The father was away during most of the war, so there was considerable deprivation of parental love in early childhood. Anne is often confused and hallucinated, at other times obstinate and negativistic. She is capable of strong emotions of love and hate, which quickly change from one extreme to the other, making the management at home very difficult. At the beginning of the treatment she was brought to my consulting-room by her mother and a nurse. She exhibited acute signs of anxiety and would not part from her mother, so that I had to give interpretations in the presence of the mother for the first five sessions. This is a great disadvantage, because of the suspicions it arouses in the patient; also the analyst has to be more careful in his interpretations in order not to stir up the mother's anxieties. At the beginning of each session Anne seemed to take no notice of me, but it was soon clear that she was trying to use the presence of the mother to re-enact some aspects of the oedipal situation, in particular to accuse her and devalue her in my eyes. She said, for example, that the mother was a murderess, had sold her for £5, and had made her have the disgusting electric shock treatments and injections.

In one of the next sessions Anne changed her attitude and said her mother was wonderful, there was nobody like her in the world. She asked mother for cigarettes, smoked them excitedly and turned her back on me completely, allying herself with her mother against me. Later in the session she took more interest in me, touching my hands and kissing them before leaving the room.

In the fifth interview there was a stormy scene. For Anne threw a brooch contemptuously at her mother and said to her 'You obviously want to be alone with him. I am nothing; I feel terrible, I had better go off by myself'. Later in the session after she had tried to get out of my house, she said to her mother: 'What did you say? You said something very rude'. The patient had obviously heard an inner voice saying something to her. When I interpreted that the voice she heard was the voice of an inner mother with whom she was quarrelling and that this mother wanted to take all the credit and make her (Anne) feel stupid in front of me, she replied emphatically, 'That is exactly what she is trying to do'. After this I gave the mother a sign and Anne allowed her to leave the room for the first time. After this period of the analysis there was a change in the patient's behaviour at home. While she had ignored her father previously she now became very interested in him and often sat on his knee. At night she would not stay in her room and was very excitable and often tried to run into her parents' bedroom. In the analysis she complained of being hot and sick and of feeling closed in. The heat and sickness referred to her omnipotent sexual wishes to make me feel hot and excited and to incorporate me in this way, which led to her feeling persecuted by me inside her. She illustrated this by greedily smoking a cigarette, then turning the burning end towards her lip, and after this complaining of sickness and trying to run out of the house in a very determined way. I interpreted at the door to her while I was preventing her from getting out that she thought that I was making her feel hot and sexual and sick inside. She replied after some time, 'I know you do. Don't talk about sex', and she covered her ears with her hands. I interpreted that she felt that I was putting the hot sexual feelings into her when I talked about sex and she answered, 'Why do you?' But soon she gave up struggling to go and asked for a cigarette and returned to the consulting-room, where I was able to give

her a more detailed interpretation of the situation. Her wish to have a cigarette was then not so much an admission of her sexual wishes towards me, but the acknowledgement of her desire to receive a good interpretation representing a good penis from me. The effect of the interpretation at the door had temporarily lessened her sense of persecution and enabled her to introject something good from me.

Up to this time the nurse had reported that the patient was unable to sleep in spite of large doses of nembital.³ Shortly after the interview described above I was told that she slept very much better, which seemed to me the result of the analysis of some of her sexual phantasies in the analytic setting. Her behaviour changed a little at home; while she had some lucid periods, she was at times more confused. She complained to the parents of not knowing where she was and of feeling shut in; she became very negativistic and did not want to come to the sessions, and when she came she remained silent. It became possible to understand some of the reasons for her negativism, confusion and her feeling shut in in the transference-situation. At one session when I went into the waiting-room the patient looked confused and did not seem to know me. While waiting in the waiting-room she had said to her mother and brother who had brought her that she wanted to get out, to be free, and I interpreted that she felt imprisoned by me and that she needed her relatives as protection against me. After ten to fifteen minutes I managed to see the patient by herself. She did not talk, but I noticed that she was looking at the ceiling in a confused and frightened manner. I interpreted that she felt shut in somewhere, but she was not sure whether she was inside me or in somebody else. When I said this she looked much more frightened at first, but her attempts to escape from my consulting-room lessened. I repeated my interpretations in slightly different ways. After some time she did not look quite so confused and made some attempts to speak. She then asked me whether my room was the same and later she said she was very mixed up and she did not know how she got into my room. She became more confiding, and said: 'I want to tell you something. I was walking along in the park and I was quite cool. Suddenly I had a blackout and then I was in somebody else's coat'. I pointed out to her that she had

suddenly gone into somebody else and consequently felt mixed up with somebody else. I also explained in some detail that she was experiencing the same situation with me. She then looked at me for quite a time and said: 'Why do you imitate me?' I interpreted that she had put herself into me and that she felt that I was her and had to talk and think for her. I explained to her that this was the reason why she felt so shut in when she came to my house and why she had to escape from me. She was now looking much more comfortable and trusting, and said: 'You are the world's best person'. I interpreted that because she felt I was so good she wanted to be inside me and have my goodness.

After some time she replied that I was making myself dry by talking and that she did not mean to come to me. Suddenly she looked frightened and asked whether I was phoning the police; she also mentioned a hospital and tried to escape from my room. I pointed out to her that she felt she had taken all the goodness out of me, and that I was now sending for the police to get rid of her and punish her by shutting her up in a hospital. She then expressed concern for having hurt me, kissed me affectionately on the cheek, while I remained of course quite passive, and told me that she saw me in the faces of all the people in the street. I interpreted that she wanted to take me with her as a good and helpful person but she was afraid of making me dry and losing me inside herself. So she put me for my protection in all the people in the outside world and that was the reason why she saw me there. She left in a friendly mood at the end of the session.

This interview illustrates some dynamics of the acute schizophrenic process and the way it is influenced by interpretations. Following the interpretations that the patient felt she was inside me, she was able to extricate herself out of me which lessened her confusion. She then became more aware of me as an external object and was able to talk. She also could express strong positive feelings towards me, because after taking the intruding part of herself out of me which she felt was bad, I changed from being *bad* into the world's best person. After this her feelings underwent several rapid changes, each of which was interpreted and these interpretations assisted the process of integration.

³ Anne complained at night of feeling hot and she got up very frequently.

When I became a good object, the patient became able to experience her greed and wished to rob me of my goodness, because at that moment I had become an object apart from her. This greed quickly produced persecutory fear as well as guilt and concern at having hurt me. Her affectionate kiss was not only a desire to restore me, but was an attempt to introject me as a good object. This transference experience revives the earliest relationship to her mother, because the infant intrudes in phantasy into her out of a number of motives of which the desire to rob her of the good contents of her body predominates, producing feelings of persecution and guilt. During the next three weeks certain aspects of this situation appeared in the transference as the main focus of the patient's resistance. She refused to come to my consulting-room because coming to see me meant for her an admission of her desire to put herself into me. In the end I was forced to visit the patient at home. She said she did not wish to come to see me and she asked why I was keeping her under my jacket and why I was playing about with her. But while saying this she put her hand playfully into the pocket of my jacket, showing me that she had reversed the situation and that it was she who put herself under my jacket and was playing about with me. It appeared that by such reversal she not only wanted to deny her own desire to intrude into me, but that after the intrusion all her experiences appeared to be reversed, which made her feel shut in and interfered with by me.

When the patient realized through consecutive interpretations the connection between her impulses to intrude and her reversal of this, her negativism lessened and she could experience a positive relationship without forcing herself into me so completely.⁴ The analysis of this transference-situation was followed by marked clinical improvement, which has continued up to the date of publication of this paper. She coped well with the interruption of the analysis during the summer holidays in August, 1953, and was able to attend my consulting-room by herself after the holidays.

In the acute schizophrenic state the patient tends to put his self so completely into objects that there is very little of the self left outside the object. This interferes with most ego-functions, including speaking and understanding words. It inhibits the capacity to experience relations

with external objects and it also disturbs the introjective processes.

In earlier papers I have described the schizophrenic impulses to intrude into the analyst with positive and negative feelings, and the defences against this object-relationship, as typical of the transference-relation of most schizophrenic patients. This early object-relationship relates to processes of ego-splitting and has been called by Melanie Klein 'Projective Identification'.

THE MANAGEMENT AND TREATMENT OF CHRONIC SCHIZOPHRENIC CONDITIONS

The chronic schizophrenic patients I have analysed so far can be roughly divided into two groups. In the first group there is a history of very gradual deterioration over a period of years, but often no history of an acute state. They lack feelings and are out of touch with their surroundings, but they often retain a certain amount of insight into their condition. I found that some of these patients attend analysis regularly over many years and their condition often shows gradual but distinct improvement in the course of analysis. There is sometimes a danger of an acute attack during the analysis, particularly at moments when the patient is making progress, but mostly this can be avoided. They seldom require any particular management and behave during the analysis almost like neurotic patients; for example, they do not object to lying on the couch and are able to associate.

If an acute schizophrenic attack develops during an analysis, it is of course important that the analysis should be continued during the acute phase. But here again we are faced with the management problem, which often causes a breakdown of the analysis at this vital stage.

The patients of the second group are those who have had one or more severe attacks of acute schizophrenia from which they have only partially recovered. They no longer talk about their delusions, they often maintain that they are all right, but they remain unable to work and detailed observation often reveals that some delusional system still persists. These patients rarely ask for treatment on their own initiative, but they come on the suggestion of a friend or relative. Once they agree to come, they often come regularly by themselves, but the treatment

⁴ I am grateful to Miss Evans who in a discussion drew my attention to the importance of the patient's

may be exceedingly difficult. They have the tendency not to discuss their symptoms lest their delusions should come up, and one may find that they have very little or no insight. In addition, they may not discuss reality problems, and when these are referred to they are presented from the patient's particular angle, which means that they may be grossly distorted. If the patient is of the chronic paranoid type, he often insists that we should not discuss his problems with any friend or relative. If we have any contact with relatives or friends of a chronic paranoid patient we cannot use the information we gather for our interpretations, as we can often do with an acute schizophrenic. But it may confirm our awareness of the extent to which we remain excluded from the real events of the patient's life. Relatives of chronic paranoid schizophrenic patients may go through periods of great suffering and worry, and they often make demands for help and advice from the analyst which the analyst is in no position to give. I have found it best to advise the relatives to discuss their problems regularly with a colleague who is co-operating closely with the analyst.

Some of these chronic schizophrenic conditions seem often quite inaccessible until the relevant facts of the transference-psychosis are understood and interpreted. To illustrate this shortly, I will take the patient Charles who had had an acute paranoid breakdown several years before and was still unable to work. His main conscious attitude towards me could be summarized by his constantly trying to convince me that he was quite well. He blamed the psychiatrists who had seen him when he was acutely ill for trying to make him ill by introducing the idea of a serious psychotic breakdown by their very presence. Almost any interpretation aroused serious paranoid anxieties in him. When I interpreted that he was afraid of realizing that he was ill, he immediately reacted by saying that I was trying to make him ill, and at once became excited and aggressive. He refused to discuss the relationships he had with his parents or other people, and when I made a transference-interpretation and related it to the parents he got angry and said his relations to his parents were quite normal. For some time I felt there was no interpretation I could make which did not increase his acute feeling of being attacked by me. It was also obvious that for the first few

months of treatment he got worse and he accused me of making him worse by introducing the notion of his being ill. Gradually I became aware of the importance of his feeling that his illness had existed *only* in the psychiatrist's mind and that it was this which was now appearing in the transference. He felt that the notion of his being ill existed *now* very concretely in *my* mind. He was not aware of having put it there, but he sometimes explained that I had to be careful because there were certain powers who projected sadistic notions into me which were very dangerous, and I might inadvertently introduce them into him. It became gradually possible to discuss with him how he believed he was being made ill and there was not always the need to prove to me continuously that he was all right. The patient was a doctor himself; and in spite of feeling persecuted by the treatment, he sometimes emphasized that psycho-analysts should be allowed to go on with their work. However, he immediately became paranoid if I took this to mean that he appreciated what I was doing for him; but he accepted interpretations in which I showed him that the psycho-analyst who should be allowed to do his work was representing his good self, which he felt had a right to exist and to work. He gradually became able to bear interpretations that I was representing also his bad and dangerous self when he tried to show me how I could misuse my powers by being omnipotent, sadistic and selfishly pursuing my own ideas. The inability of this patient to accept any interpretations during the first three months of his treatment was related to his feeling that whenever I made an interpretation I put myself, containing his sadistic omnipotent self, into his mind, and he felt this so concretely that he sometimes threatened to inform the police about what I was doing to him. Since almost anything I was saying was felt by the patient to be a real attack, it was absolutely necessary to analyse the basis of this concrete experience in order to make any progress. When I concentrated in the analysis entirely on interpreting the projection of his good and bad self into me and the persecution related to this, *without of course using any analytic terms*, which he was very suspicious of, there was not only some improvement in the patient's clinical condition, but he seemed more able to listen to me without feeling so intensely persecuted. This patient frequently discussed the concreteness of his experiences without any awareness that they

were paranoid phantasies or delusional.⁵ The transference analysis of the processes of projective identification, namely, of projecting the bad self and the good self into the analyst, diminished the concreteness of the patient's experiences, and seemed to be responsible for the slight improvement in the patient's condition.

The difficulty for the analyst to make the exact interpretation which the schizophrenic needs at any particular time is often very great and this applies as much to the chronic as to the acute patients. Our counter-transference is frequently the only guide.

By this I do not mean that we should reveal our feelings to the patient even if he appears to demand this, but we should be sensitive to whatever the patient projects into us by non-verbal and verbal means and become able to verbalize what we unconsciously perceive. I cannot, however, discuss the detailed use of the counter-transference as a therapeutic instrument in the frame of this paper.

CONCLUSIONS AND SUMMARY

The aim of this paper is to illustrate that in the analysis of acute and chronic schizophrenics the psychotic manifestations attach themselves to the transference and a transference-psychosis develops. The relevant transference phenomena can be interpreted to the patient and his response to interpretations can often be clearly observed.

At this state of our research we shall not overestimate the therapeutic possibilities of psycho-

analysis in severe acute and chronic schizophrenic conditions, because the analysis, particularly of acute schizophrenia, however promising, is a very difficult and strenuous task and the management also still presents almost unsurmountable difficulties. At present therefore we can only hope to be successful in a minority of cases. However, this does not invalidate the psycho-analytic approach. Every acute or chronic schizophrenic patient, even if he is being treated for a short time only, enriches our understanding of the psychopathology and makes the analysis of subsequent patients easier.

I have discussed the many difficulties which we encounter in this work. But we should remember that there are acute and chronic schizophrenic patients who respond more easily to our analytic approach. They gain insight, co-operate in the analysis and seem to improve from the beginning. In these cases there seems to be a part of the personality not completely involved in the psychosis. So in spite of their severe psychotic manifestations they do not completely lose touch with reality once the analysis is going ahead. The information gained from these less difficult schizophrenic patients has been of great value in understanding the more serious ones; for we need a great deal of knowledge of the psychopathology in order to gain access, for instance, to a silent schizophrenic patient, or in order to understand and utilize the sometimes very scanty information which some schizophrenics are able to give us.

⁵ Psychiatrists like Goldstein and Vigotsky have studied the disturbances of thought in schizophrenia and have stressed that schizophrenics have lost the power of

abstract thinking and are only capable of concrete thinking processes.

NOTES UPON DEFECTS OF EGO STRUCTURE IN SCHIZOPHRENIA¹

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In the following, I wish to present a few observations I made during a certain phase of treatment of a schizophrenic patient. These observations and the conclusions I shall draw (which may have general validity) presuppose as valid three psycho-analytic assertions about emotions: First, the ego is the only province of the human personality in which emotions have their being. Second, emotions can effect human behaviour without reaching consciousness. Third, many, if not all, emotions can be reduced to signals. The most conspicuous deviation in my patient concerned the third assertion. In her case, the emotions did not function as signals (they had not undergone the process described by Freud in *Inhibitions, Symptoms, and Anxiety*). Instead of serving as signals, the emotions of my patient showed just the opposite tendency, namely that of reaching maximum intensity once they were activated. Anxiety always evolved into terror, liking into the feeling of ardent love, aversion into hatred.

In the normal, the maximum unfolding of an emotion is usually the exception. The average emotional process works against a resistance which reduces the emotion to a signal automatically giving direction to behaviour.

In the case of the patient, however, an emotion once activated carried all its potentialities to full concretization; that is to say, it engulfed the whole area of the ego and led to the cathexis of all ego functions. It charged the body image, the motor system, the perceptive systems, and the representations of external reality. Moreover, the patient regularly showed, fully and obviously, a characteristic of the emotions which can be observed in the normal, sometimes faintly and occasionally quite strongly; namely, the tendency of an emotion to accumulate new energy by the activation of all memories which are closely related to it, all memories whose contents support the emotion. Thus the

emotion engendered out of itself new energy. I want to quote only one example of the many practical consequences such a peculiarity must have.

The patient was certain that when she felt love or hatred the emotion was visible and recognizable by those who were present. It is quite understandable that an ego which is filled by an emotion to such an extent as happened in the instance of this patient must necessarily be deceived regarding the effect that emotion might have upon others, particularly if the intensive charge which the body image obtained in each emotional process is considered. In other words, the patient was fixated to a social animism and was convinced that every emotion she experienced had an effect on those who were present. Furthermore she interpreted the behaviour of others in such a way as to obtain confirmation of her mode of experiencing emotions. For example, when she felt great admiration for a person, but that person evidently did not notice her admiration, she remarked that that person did not want to embarrass her by showing that he had noticed the patient's admiration. Thus, to her perceptions a short story was customarily added, in most instances bringing reality and her own emotions into a primitive harmony. Such primitive syntheses were characteristic of her and pervaded her whole life.

Another consequence was the following. Since an emotion once activated always reached its maximum peak, she could experience only one emotion at a time. Her ego was incapable of carrying the full panorama of highly divergent, often mutually contradictory, emotions as a normal ego can do. Thus she was unable at the same time to feel the sense of weariness and disgust over work and joyfully to anticipate recreation such as going to the movies. And she surely would have been incapable of experiencing the anger which unrequited love may arouse without extinguishing the feeling of affection. Since, however, this patient got along excellently in a complicated professional situation and performed responsible work, the

¹ Paper read in the Symposium 'Therapy of Schizophrenia' at the 18th International Psycho-Analytical Congress in London on 28 July, 1953. (Under the title 'Notes upon the Emotionality of a Schizophrenic Patient and its Relation to Problems of Technique' the author has recently published (*Psychanal. Study of the*

Child, Vol. 8, 1953) a more comprehensive paper, in which the experiences presented in this Congress paper had to be repeated. In spite of this fact the author has consented to have his contribution to the Symposium printed here as it was presented at the Congress.—Ed.)

question arises how she managed to survive in a highly differentiated society which certainly moved on a level far above her social animism.

She succeeded because she had at her disposal an ever reliable bodyguard in the form of the feeling of deadness. Whenever she was exposed to an emotion which led her to expect a social complication, such as the experience of love in the presence of the beloved, she felt dead. Although she complained about the constant recurrence of this unpleasant sensation, it became evident that the feeling of deadness excellently served the purpose of creating the internal emotional milieu which made adequate social functioning possible.

Once the patient felt dead she could 'pump up' a pretended emotion which in her estimation fitted the social situation. Thus the feeling of deadness created a platform, or better a *tabula rasa*, upon which the patient could put the proper emotion, as a painter puts the right pigment upon the canvas. Yet this new content was experienced by her as pretended and insincere. Since it was not a true emotion, it did not proceed in accordance with her usual psychopathology. This 'pumped up' emotion did, however, serve to guard her against all the dangers which in her estimation threatened when experiencing true emotions. Sequences of the following kind could be observed: a feeling of love inadmissible in certain social situations was followed automatically by a feeling of deadness; since this deadness in turn must not come to the notice of her partner, it was covered up by a pseudo-emotion. In the normal, sequences of psychological processes also occur preceding that reaction which is appropriate to the social situation. But these sequences in the normal are characterized by the activation of defence mechanisms. A comparison of the patient's sequences with normal sequences made it clear that within the pathognomonic area the patient had no defence mechanisms at her disposal. She was a skilful juggler, keeping her emotions in constant play in order to meet the necessities of certain social situations, and she could dispel one emotion only by engendering another. Her emotional life followed, so to speak, Newton's first law, the law of inertia, which says that a body's motion continues until another force impinges upon it. Her ego likewise was a playground of emotions which battled with each other in accordance with their natural strength and intensity. Strangely enough, Spinoza in his *Ethics* to wit in the 4th book called 'Of Human Bondage; or of the Strength of the Emotions', says in the 7th proposition that 'an emotion cannot be restrained or removed unless by an opposed and stronger emotion'. And Spinoza also denies the existence of an ego. Be this as it may, it became clear that the patient's emotions could be divided into those which were derivatives of instinctual forces and those which were engendered by the ego. (This division is probably applicable also to the non-

schizophrenic.) Thus one could speak of id-emotions and ego-emotions. With great skill the patient extinguished id-emotions by the activation of ego-emotions; she also played one ego emotion against another—the feeling of deadness against anxiety, for example.

This observation forced me to conclude that her ego was lacking in structure. Since she had not developed defence mechanisms within a certain area, her ego was lacking in that resistance which is significant of the adult ego and which automatically prevents the full concretization of all the potentialities inherent in each separate emotion.

This concept of her disease was further confirmed by the relative ease with which she lost the feeling of her identity. Strong emotions biotted out her ego, and she was, when in the company of others, in a constant struggle to maintain the feeling of self.

Even in the extremes of sadness the usual person can still distinguish between the ego and the emotion of sadness, whereas this patient almost never experienced true sadness, since any unpleasant feeling filled the whole ego with displeasure, temporarily submerging the ego, and therefore giving rise to the feeling of non-existence.

The lack of defence mechanisms and their consequent replacement by emotions observed in this patient may be considered further clinical evidence of the following genetic series: The ego seems to defend itself against the drives by first reducing them to emotions. Emotions then probably congeal to mechanisms and thus further facilitate the ego's struggle against the id. This process of congealment had either not taken place within the pathognomonic area of the patient's ego or it had succumbed to the ravages of the acute psychosis. Be this as it may, the patient's clinical condition bore testimony to an important theory of the genesis of ego mechanisms.

The metapsychological description of this patient's state requires an additional formulation, which may also facilitate the differentiation between the truly schizophrenic and the borderline case. According to Freud, one must distinguish between two kinds of cathexes: Individual contents such as a thought, a goal, or a memory may be charged with libidinal, aggressive, or neutralized energy. But whole systems such as the system *Cs* or *Pcs* or whole structures must be charged with energy comparable to the tonus of the resting muscle in order to accomplish their work at all. I will call this kind of charge systemic cathexis.

In the non-schizophrenic the systemic cathexis consists always of neutralized energy, and this is true also of the borderline patient. The systemic cathexis of the schizophrenic, however, has not become neutralized, with the result that the adequate functioning of the ego must necessarily be greatly impaired. It is true that the ego of the borderline patient may be overwhelmed by pre-genital impulses, but none the less the ego which tries to defend

itself against these inroads still works—however ineffectively—with neutralized energy. The schizophrenic ego, on the other hand, has only non-neutralized energy—usually of pregenital origin—at its disposal.

Thus it is that a schizophrenic may present the perfect picture of a masochist. Perceiving, thinking, living *per se* have become painful processes. But strangely enough, very often the direct masochistic instinctual desires are not correspondingly strong. The clinical picture of excessive masochism so often encountered in the schizophrenic is evidently based on the masochistic cathexis of the schizophrenic ego. This metapsychological remark may help us to understand why the schizophrenic fails to distinguish between ego and emotion. Since emotions work with non-neutralized energies and the systemic cathexis of the schizophrenic is also non-neutralized, the two cannot stay apart but must necessarily fuse, leaving no sharply defined borderline.

Observation of the patient in question (which was strengthened by similar observations of others) led me to the further assumption, that in each case of schizophrenia there is also a basic disturbance of perception. In my patient this disturbance had a twofold aspect: either she overruled the contents of perception or she was overwhelmed by them.

I want to quote briefly clinical manifestations of this perceptive disturbance. For years she felt unable to look at me. In the later phases of her treatment, however, she would sometimes glance at me, then quickly look away. She claimed that when she looked at me she perceived that I did not love her, and this generated an unbearable feeling of rejection. However, as soon as she looked away she recaptured the feeling of being loved, a feeling based on my giving her so much time and on my always being patient with her. Thus she was able to abolish immediately the effect of her former perception. To what extent she was able to avoid perceptions may be seen from the following episode. When after years of daily interviews she began to look at me, she cried out: 'But, doctor, how grey your hair has become and how much weight you have put on since I saw you last.'

The basic disturbance of perception must date back to an early period of development. Clinical observation necessitates the following theoretical conclusions, which possibly can also be used to visualize the beginnings of normal ego development: Initially the perceptive apparatus is completely under the domination of the id; that is to say, it serves as an organ of discharge by hallucinatory wish-fulfilment. Indeed, initially the perceptive apparatus is freely accessible to stimulation from within and even receives stimulation predominantly from within. But because of its biological endowment, the perceptive apparatus is capable of being stimulated from without. Thus

the perceptive apparatus becomes the carrier of excitations which flow in two different directions. According to this theory, the two excitational flows must inevitably collide, with consequent mutual interference with their discharges. Some of Pavlov's experiments suggest that the collision of excitations, which therefore do not reach the stage of discharge, leads to the formation of structure. Thus the earliest stage of ego development would consist of the formation of structure around each perceptive system.

I think that this gradual transformation of the perceptive apparatus into an ego-nucleus is one of the most important steps in ego development. The progress of this part of ego development could tentatively be formulated as follows: The greater the imprint of reality upon the perceptive system, the deeper the point of collision. That is to say, as the perceptive system becomes more capable of forwarding excitations from without, the point of collision of the two excitational flows moves progressively deeper into the interior of the psychic apparatus. Thus the initially small nuclei forming around each perceptive system would grow, finally to fuse. Then the perceptive systems would be surrounded by a barrier which would protect them against direct excitations originating in the interior of the psychic apparatus. Indeed it seems as if this protection might be one of the primary functions of the ego, and in normal development safeguards in overabundance are instituted to guarantee the integrity of the various perceptive systems against their being directly affected by excitation from within. Simultaneously, however, protective barriers are developed whose function it is to make the perceptive systems relatively independent of external excitations and to prevent their overstimulation.

Thus the formation of structure around the perceptive systems yields two achievements: First, the perceptive systems depict reality correctly by preventing interference by the drives, thus bringing reality closer to the organism. Second, the psychic apparatus achieves a certain measure of independence from sense-perception because the areas of excitations are limited, and no longer does the whole apparatus reverberate under the impact of excitation from without.

The schizophrenic patient fails in both respects. On the one hand he lacks a firm barrier that would prevent the direct access of internal excitations; on the other, his perceptive systems are constantly on the verge of being overwhelmed by the inroads of external excitations. Without undue simplification it may be said that the schizophrenic is still engaged in the phase of colliding energies, before the psychic apparatus has formed adequate structure around the perceptive nuclei of the ego. If another simplified description is permissible, it may be said that the schizophrenic either dictates to his perceptive systems what they are to perceive or he follows them slavishly, in automaton fashion.

What can be done therapeutically, what are the

technical requirements for combating such formidable difficulties? I want to discuss briefly a few technical points. From what I have said, it becomes evident that the disappearance of symptoms or the adjusted behaviour of the schizophrenic patient—valid as such goals may be from the clinical viewpoint—can only be subordinate goals of psycho-analytic therapy. The psycho-analytic goal must be to induce the patient to form new structure, structure which the patient had never formed or which had become destroyed in the throes of the acute phase of the disease.

The first goal of the treatment is to lay bare the basic defect of ego structure. The patient resists this process. He is quite ready to settle down after the acute phase has passed and make compromises as soon as he has established a friendly relationship of co-operation with the analyst. Since his feeling of identity is endangered, since the perceptive systems are on the verge of being overwhelmed either from within or without, he wants to continue the use of avoidance, of magic procedures, and of substitute pleasures. Every attempt at coming closer to the ego defect is resisted with even greater resoluteness and energy than the neurotic resists the uncovering of repressed id contents. Indeed, the schizophrenic does not mind the analysis of id contents and often bares quite freely large areas of the id while strenuously fighting against the analysis of impaired ego functions. However, the patient can be prevented from settling down on the level of sham solutions if his transference is properly regulated. There are two dangerous extremes of the transference situation at this point: First, by being offered an abundance of wish-fulfilments by the analyst the patient may feel so much loved that it may lead to his neglecting the requirements of reality, as if he thought: 'I don't care what happens in reality; my being loved by the analyst is compensation for whatever I may not be able to obtain from reality'. Second, the patient feels unloved and rejected by the analyst and meets him with hostility.

The transference is optimal if it takes place within these two extremes. While the patient feels loved by the analyst and loves him in return, he is not allowed as much of these emotions as he would prefer. Probably what he really would like in most instances is the establishment of a symbiotic relationship of the kind Dr. Mahler has described as a type of childhood psychosis.

By the discrepancy between the relative uneasiness which the patient experiences outside his treatment and the relative well-being within the treatment, the therapeutic process can be kept moving and the patient can be brought closer to an awareness of the defects which his ego functions show. Once the patient can tolerate the perception and awareness of these defects a new treatment phase can set in which is significantly similar to the approved technique sometimes used in the treat-

ment of phobic patients, when the patient must expose himself to the dreaded danger situation if he wants to continue treatment. The schizophrenic patient likewise must be told, at the proper time, that further progress in treatment will depend on his willingness to expose himself to situations which he feels beyond his capacity to bear. However, in the case of a schizophrenic patient, this request must never be presented as an ultimatum, since with the slightest doubt that the analyst will keep him in treatment the schizophrenic will begin to camouflage his real symptoms. The schizophrenic patient must be sure beyond any doubt that he will have the opportunity of continuing his treatment independently of his ability to co-operate.

When the patient starts to expose himself to dreaded situations, namely to those which he fears, lest they overtax the strength and ability of an ego weakened by structural defects, immeasurable new therapeutic possibilities are opened up. First of all, the patient has now the opportunity to check the correctness of his fearful assumptions about the world. And second, the subsequent analysis with the full uncovering of the impaired ego function will set a stimulus for the belated formation of structure.

May I exemplify the sequence in the case of my patient? She was forced to expose the perceptive systems to the inroad of reality and to bear the subsequent anxiety. The usual escape routes were blocked. Since she had discovered that the feelings of deadness were tools actively used, needed, and wanted by her, she had acquired some power over them: She could activate or suppress them. Anxiety now became the stimulus for evolving more reliable and less painful mechanisms. The situation may require of the patient seemingly simple tasks, such as wearing a certain dress or looking at a specific person in a certain situation. My patient had to be persuaded to look directly at her father, to wear a very colourful and feminine dress, which she persistently refused to wear because it contradicted her feeling of deadness.

When for the first time she got herself to the point of bearing the feeling of love in the presence of a man with whom she was secretly infatuated, she said: 'I discovered that feelings of friendship are possible without romance.' Her ego had evidently acquired a new differentiation in that moment. The difficulty of this technique is to find the right command at the right time.

In this stage of the treatment the transference commonly provides an additional advantage. Owing to the peculiarity of emotionality the schizophrenic patient is more or less constantly exposed to traumatization. As will be recalled, I asserted earlier that an emotion once activated evolved in my patient all potentialities to full concreteness. This, of course, pertained also to the anticipation of the future, since nearly every emotion gives a certain colouring to the future. Because emotions with her

reached the maximum peak, my patient formed convictions regarding the anticipated course of events. The failure of anticipated events to coincide with actual events led to a trauma.

When a manageable and positive transference is established, the centre of the patient's emotional life moves into the therapeutic situation and the danger of traumatization by reality is greatly reduced. The transference builds up a kind of *cordon sanitaire*, protecting the patient temporarily from traumata and giving the ego a respite to recover and grow. If, perchance, the treatment situation leads to traumatization, then we are faced with a most pitiable and consequential occurrence. Such misfortune occurred twice in the treatment of my patient.

In her first analysis she had determined to reveal herself uncompromisingly to the analyst. But then, while taking a walk after her sixth or seventh interview, she had the feeling of having lost her personality, and from then on the feeling of deadness became an important part of her psychic inventory. Later in her analysis it became clear that the silence of the analyst during her self-revelations had been interpreted by her as rejection. She had fallen in love with the analyst upon sight and had anticipated that she in turn would be loved by him. The consequent discrepancy between what she had anticipated and what had actually happened led to a severe trauma, leaving a permanent trace in the form of the feeling of deadness.

When this patient began her analysis with me, something similar happened. To begin with, she was certain that I would start an affair with her. When she became aware that this would not take place, she told me: 'Yesterday I started to feel sadness; it is an internal weeping, a grief, a pain in the throat.' So once again there had been a discrepancy between anticipation and realization followed by a trauma. Although the first analyst no longer had emotional importance, nevertheless the trace he had left persisted, and now there was added to it the feeling of internal weeping which had been acquired in the transference to me.

These two incidents illustrate Freud's theory regarding the origin of emotions. Stated briefly, this theory holds that emotions are the residues of traumatic reminiscences. Although the two episodes were repetitions of childhood occurrences, they nevertheless demonstrated clinically the dynamism of those processes which may add new emotions to the ego's psychic inventory. It was particularly impressive to see that the intensity and partly also the quality of the emotion was correlated with the magnitude of the trauma. In her first analysis the patient had felt rejected as a total person, and the feeling of deadness actually engulfed the total ego. When she perceived that I would not fall in love with her, she believed herself rejected, and solely for lack of physical charm; the subsequent feeling was characterized in turn by a predominantly physical

sensation which, however, did not interfere with her feeling of self.

The easy traumatization of the schizophrenic arises from the certainty with which he anticipates the future, which in turn is enforced by his peculiarity of emotions, and this has its parallel in normal life. We, too, might possibly begin to feel and react in a similar way if we were constantly disappointed in those narrow areas in which we anticipate the future with absolute certainty. We expect, for example, to awake in the same surroundings in which we fall asleep. We expect to be recognized and called by our names by our loved ones and our friends. If such basic anticipations failed to come true, we too would probably have to resort to depersonalization, delusions, and other falsifications of reality in order to maintain the feeling of identity. Consequential as traumata are when suffered by the patient in the transference relationship, and carefully as one must try to avoid them, they nevertheless offer an opportunity of demonstrating to the patient the true origin of his symptoms. It is particularly through the analysis of traces left by events occurring during his therapy that the patient may acquire a definite immunity to future traumata.

I have presented a good deal of theory in this paper and must apologize for having been so brief in the presentation of the clinical material. I believe, however, that there is perhaps a proof that my concept of schizophrenic emotionality may be correct. If my theory should be correct, the schizophrenic is incapable of experiencing the feeling of hope in any matter of emotional importance. Since, according to this theory, the feelings of a schizophrenic inevitably unfold to full concreteness, the specific quality of hope—namely that a wished-for event will possibly occur—would not be accessible to the patient. Actually, as it turned out with my patient, when she looked optimistically into the future, she felt that the desired event would surely happen, and she was never capable of feeling that despite her expectations and desires the event could possibly not occur. It must be added that she was quite capable of using categories of possibility, probability, or improbability in matters which did not touch her deeply.

Likewise when she was really involved, she did not experience anxiety in the ordinary way, but felt terror. I think she rightly termed her feelings 'terror' and only rarely called the emotion 'anxiety'. Terror is the feeling we experience when what we fear most takes place in reality, before our very eyes. Even at its height, anxiety still leaves open the possibility that events may take a course different from what we fear. From the foregoing it is clear that the experience of this possibility was beyond the patient. Therefore, it is quite understandable that she felt—as would, perhaps, any schizophrenic—so often doomed in situations in which one would expect only a fearsome view of the future.

It was most surprising to observe the relative ease

with which this patient dealt with instinctual gratifications. After a short period of treatment she derived great pleasure from eating. An effortless bowel movement provided her with bliss. The subject matter of this paper could therefore have been briefly presented by stating that the patient experienced and also partly dealt with her emotions as if they were drives. For the instinctual drives, whether they are of a libidinal or aggressive nature, are the main enemies of the ego of the neurotic patient, but it seems that the primary enemies of the schizophrenic, at least during one phase of his disease, are his emotions. And here we are back again at a problem mentioned before, namely, the ego's experience of its own identity.

An ego firmly rooted in its own identity can never be threatened in its very existence by emotions as can the ego of a schizophrenic. There is an outstanding point involved in the development of the feeling of identity which makes it essentially different from all other ego functions. As far as I can see, the development

of the ego and its functions depends in a specific way on external stimulation. Seeing may be taken as a paradigm: If an eye is not stimulated by rays of light, it does not develop sensitiveness to light but goes blind. *Mutatis mutandis* this is true of all ego functions except one, namely, the feeling of identity. Out of its own resources the ego must accomplish the task of evolving the feeling of its own identity. And thus, this task becomes essentially different from any other task the ego faces in the course of its development. By the psychopathology of the objects with which it identifies, the ego may be hindered in fulfilling this task, but essentially it is left to its own devices in evolving this most important function. I believe that a more profound knowledge of the way in which the healthy ego goes about assuring the certainty of its own identity will give the psychotherapy of schizophrenia most needed assistance.

ON THE HANDLING OF SOME SCHIZOPHRENIC DEFENCE MECHANISMS AND REACTION PATTERNS¹

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Psycho-analytic study of psychotic and related conditions has led to a better understanding of characteristic reaction patterns of the psychotic ego. Here, as in other areas of psycho-analytic research, deeper knowledge of ego psychology has been paralleled by a more careful handling of the defensive operations of the psychotic ego. This parallelism between the development of theory and the progress of analytic technique is perhaps the most encouraging reward in our wrestling with the difficult problems presented by the psychotic.

Before I proceed to the discussion of my topic I would like to point out that my observations are based on a prolonged study of patients with an active schizophrenic psychosis as well as a number of the so-called latent psychotics. I prefer this term, introduced originally by Bleuler, to the term borderline cases used by other authors. Elsewhere I have discussed at some length the specific problems related to this clinical group. The significance of these cases for our discussion becomes apparent when we realize that they present *in statu nascendi* or in a light form many reactions which reach full development in a frank psychosis. Moreover, their acting out, especially of aggressive character, interferes to a lesser degree with the therapeutic situation.

As a general principle of our approach I propose the following thesis. Persistence of primitive forms of ego organization in the schizophrenic makes imperative a minute working through of these archaic patterns. With this in mind we will make use of reactions manifesting themselves in the therapeutic process and in the life situation as a whole. In the course of careful elaboration of these reaction patterns we shall present the psychotic ego with a *modus operandi* more adequate and up-to-date, and tempt it with advantages of such functioning as compared with primitive patterns.

Starting at the roots we find that genetic data concerning the emergence of the ego and the origins of consciousness as related to the separation from the dual unity with the mother, can be utilized to demonstrate to the patient the meaning of some of his basic reactions.² He can be shown, in transference as well as in relationship to various maternal substitutes, how he both wants and is afraid to merge with another ego. Since his ego feeling and ego strength are largely dependent on other egos, he must both crave them as a source of strength, nay life itself, and shrink away as from a danger threatening the integrity of his own ego.

You are immediately aware, I am sure, of the manifold meanings and ramifications implied in such a statement. Foremost in this connexion are wishes and fears belonging to the oral triad, as described by Lewin. They form a frequent content of what one may call the oral ego, an archaic ego-formation, remaining in a state of dissociation and almost intact preservation.

Our objective in dealing with such a primitive ego structure must consist in isolating it in its utmost purity and in presenting it for confrontation to the more adult ego sector. Our best chance of achieving this objective lies in a simultaneous utilization of the transference and of the total life situation. Our best technical tool so far is a careful isolation and elaboration of what one may call a model of infantile experience.

I feel that it is time to illustrate these reflections with some clinical examples.

Elvira is a young college graduate. She lives in a girls' club and visits her mother at week-ends only, since her hostility toward her flares up in most unpleasant acting out. In one session Elvira describes in a poignantly desperate way her spells of acute craving for tenderness. 'This hungry feeling is lying in my whole body,' she says. In a dream she saw her mother leaving a

of the ego has been made with great clarity by Odier in his Essay *Sur la g n se du Moi*, Delachaux & Niestle, Neuch tel, 1950.

¹ Paper read in the Symposium 'Therapy of Schizophrenia' at the 18th International Psycho-Analytical Congress in London, on 28 July, 1953.

² The genetic point of view concerning the emergence

little boy and going to Chicago. (The little boy stands for Elvira, who is the youngest of two sisters and has no brother.) Upon her return she finds that he acquired bad habits such as thumb-sucking.

In discussing the dream Elvira remembers that as a child she used to suck rags, grass, and leaves to the point of burning her lips and tongue. Shifting to the present, she describes the strong longing she feels for her mother, yet she turns away from her in revulsion.

At a later time Elvira became greatly upset in anticipation of her sister's birthday party. She knew, she said, that she would feel terribly jealous as she always does when unable to have her mother all to herself. After the upsurge of these emotions she woke up with her thumb in her mouth. In reflecting upon this material she asked: 'Could it be that I like Sylvia (a fellow employee in the library) so much, because she treats me to sweets?'

In a next session Elvira admitted that she loves it when her mother feeds her a piece of fruit, but not when she just hands it to her: a striking resemblance with Renée, the young patient studied by Mme. Sechehaye, the Swiss psychoanalyst.

The discussion of Elvira's shifting and deeply ambivalent attitudes towards the analyst gives us the opportunity to demonstrate to her time and again the split of the parental images and all derivative love objects. For a while the analyst appears as a good and helpful person, only to be rejected in an outburst of violent scorn and hostility. Against her wish to incorporate me orally and thus to realize a complete closeness and final possession, Elvira reacts with apprehension and typical somatic symptoms of oral defence, nausea, and gastric cramps. These symptoms force her to interrupt the session and to visit the bathroom. Upon her return, however, she immediately experiences the 'sucking sensation' in her mouth and a 'hungry feeling' throughout her body.

A sensation of heat spreading all over her body is another experience accompanying Elvira's emotions of anger, disappointment, or being left out. Nor is she able to differentiate this sensation from the wave of heat she feels when longing to be close to somebody, mostly her mother. As a next reaction she feels herself getting sleepy, as in a fog.

In her desperate hunger for the original love object, Elvira falls back, in a quick regression, on the vector of primary oral aggression.

Ensuing rage reaction evidently corresponds to the original wish never to let go the object but to keep it at any price. This original fusion of primary desire for the object and the wish for destruction is well illustrated by the following dream:

'I was in the company of a few girls. They had a pet lion, not a cub; they petted him but he ran away. I felt that he was dangerous though kept during his whole life in captivity. After some resistance Elvira spontaneously announced: 'The lion is me.'

As a child she used to go with her father and sister to the zoo. Lions filled her with terror; she was afraid that they might break out of their cage and devour herself and her family. In discussing the dream, the patient began to view her hatred as a sort of foreign body implanted in her by the outside world and frightening her.

Careful phenomenological observation allows us to grasp certain forms of schizophrenic functioning which, though not always easy to describe, are of considerable significance. Here belongs thinking in concrete form instead of in abstraction, a symptom manifested by a completely literal meaning attributed to metaphors, folk sayings, and phantasies. It is certainly impressive to see a college professor, beneath all his sophistication, believe literally in various curses and superstitions expressed by his Jewish Orthodox grandmother. He relives them in various phobic and counterphobic symptoms. It is no less impressive to learn that a professional man in his preconscious phantasies harbours a whole zoo in his stomach, consisting of introjected parental images and underlying his severe gastric symptomatology.

To the schizophrenic ego object representations may have a meaning entirely different from their objective content. They are marked by their symbolic character and are tainted with the diffusion peculiar to schizophrenic thinking. Thus another patient, Geraldine, wakes up one morning from a dream, crying. She dreamt of Marco Polo. To her he represents the excitement of travel and adventure, daring in the exploration of new worlds; that is, her own desires but unhampered by weakness and infantile dependence. She has been thinking and daydreaming of Marco Polo for years.

Another confusion of images of long standing deals with Geraldine's mother. She, with her 'wonderful green eyes', armed with a sword which she would use some day to mutilate her daughter, has become confused with the teacher

in the elementary school, then with various other stern mother figures, finally with the Nazis who invaded her native country when she was but a child of seven. All these images became connected with the idea of 'sterilization'. Geraldine was afraid that she would never have children. Her mother would simply not let her: thus she would keep her as her property and would satisfy her envy and lust for revenge.

It is important that we connect, in a genetic reduction, this confusion in schizophrenic thinking with early instinctual impulses hitting the infantile ego with elementary vehemence. In Geraldine it was mostly oral and scopophilic impulses which subsequently acquired some genital impact. At times, every emotion, every excitement was focussed and experienced in the area around the mouth and in the eyes. This would also apply to the person of the analyst and various elements of the total therapeutic situation, including paintings in the analyst's office.

Finally, we should bear in mind that magic thinking underlies a good deal of schizophrenic symptomatology. When it is not manifestly obvious, as in most cases of latent psychosis, it has to be detected and made an object of minute analytic working through. Ultimately, we can demonstrate to the patient the genetic connexion between this form of thinking and the original dual unity existing between the ego and the non-ego, especially the mother.

Other formal peculiarities of schizophrenic experience can be worked through and subjected to a process of slow, systematic correction. Such procedure, at times, has to replace the true analytic work, yet it is indispensable since it deals with some of the essential functions of the ego.

Reactions and defence mechanisms of the infantile ego core evolve mostly between the two poles of attraction and desire for closeness, or in the aggressive version for incorporation on the one hand and revulsion or withdrawal into indifference on the other. According to my observations, the split in the ego originates on the basis of these early, contradictory reactions. Therefore, it is clear that, in order to restore the unity of the ego organization, one must see to it that the remaining ego can relive these early reactions and experiences and thus divest itself of the instinctual energies responsible for the original fission. Obviously this can be done only in a repeated combined illumination of acute transference reactions and infantile experiences.

Special problems related to the acute transference reactions of the schizophrenic have been discussed by other authors, including myself. Here I would like to limit myself to a few points.

In patients whose ego seeks to protect itself through withdrawal, blocking or sluggishness and apathy, we will see to it that their transference reactions become, as it were, better focussed and activated. Our own interest in the patient, our concern and sympathy, when displayed with tact and measure will serve as activators around which will centre the forces making up the field of transference. Reassurance against punishment for expression of hostility is naturally an important part of the therapeutic process.

In this way we may succeed in crystallizing and canalizing vague, indefinite transference phantasies which, when left to pursue their own course, assume the form of inert daydreams. The gain resulting from such a change is evident. I saw the whole treatment taking, as it were, a different course, after the patient was able to communicate such phantasies dealing, for instance, with my allegedly divorcing my wife, having an affair with my own daughter, torturing and raping my female patients, etc.

In periods when an acute increase of anxiety indicates a threat to the ego, analytic interpretation has to yield to active sympathy and reassurance. In such moments the only interpretation offered ought to deal with reality testing and confront the ego with actual reality, benevolent and auspicious, in contrast with the dangerous past.

This, however, is only one side of the medal. On the opposite side we have all our concern with toning down of transference reactions, of both libidinal and aggressively destructive character. Despite some contributions to the problem (Fromm-Reichmann, Wechsler, and others) we are here far from wisdom, or even adequate knowledge, and have not gone far beyond some empirical rules.

As to the toning down of stormy libidinal reactions, a great deal of tact is necessary, so as not to hurt the ego which wants so desperately to make up for past deprivations. It is important to sense and to ferret out libidinal reactions which at first may remain non-verbalized and manifest themselves merely in blocking, pseudo-indifference, or excitement and agitation displaced toward persons other than the analyst, or, as the case may be, to the entire hospital ward.

It is my impression that in this way, in certain

cases, we may prevent the outburst of catatonic agitation or the relapse into stupor.

However, in order to be really effective, our concern should not be confined strictly to the transference situation. As a result of the particular vulnerability of the schizophrenic ego and the prevailing ruling of primary processes our patients may display acute reactions to their entire environment. Thus we ought to bear in mind the hospital personnel, various moods and utterances of family members, co-workers or fellow students. Is it not a fact well known to the clinician that a change of an attendant or a visit of a relative may provoke, as the case may be, an episode of catatonic excitement or the awakening from a stupor?

These last remarks have an obvious bearing on the problem of destructive transference reactions. This problem, however, demands a special study which I must reserve for another occasion. More insight into the dynamics of destructive acting out, in particular into its repetitive compulsive core, will help us to evolve better practical principles. The ego of the patient has to be confronted with its urge to bring things to the verge of disaster, by destroying the therapeutic situation which may be his only anchor in the shaky world of interpersonal relations.

Here the whole technical problem may be summed up as a perilous manoeuvring between the Scylla of disciplinary, moralistic reprobation and the Charybdis of over-indulgence. The former, the Scylla side, does not need any elaboration. The latter, the Charybdis side, requires serious consideration. There is no doubt that indulging the patient in constant outbursts of mild aggression has a demoralizing effect on his ego and super-ego. The ego does not become any stronger by this allowance for a discharge of uncontrolled hostility. It does not learn how to bound energies which, without this change of status, cannot become neutralized and thus available for sublimation. Nor does the ego become advanced in its reality testing when allowed to bombard the analyst with the whole impact of its original fury.

As to the super-ego, it suffers in a twofold way. It either becomes demoralized on the assumption that everything is permitted and, therefore, no restraints are necessary in dealing with other human beings, or, as a result of a reactive feeling of guilt, it develops additional strictness and punishing self-aggression. Unfortunately, explosions of rage against the analyst do not *per se*,

without special handling, free the ego from the internalized aggression. In brief, everything happens as though a criminal in being granted too much freedom would himself prolong the term of his imprisonment.

An important distortion of interpersonal relations occurs as a result of the patient projecting parts of his own unconscious ego into various persons of his immediate environment.

Thus, Geraldine, the patient described in my book, *The Psychotherapy of Psychoses*, turns her primitive aggression against herself in masochistic phantasies and self-torturing obsessive-compulsive symptomatology. In so doing, she enacts her mother and father who in her childhood had beaten her and terrorized her in various ways. When placed, for therapeutic reasons, with a substitute mother, she projects on her the introjected image of the evil mother and vents on her the whole impact of her hostility. The same mechanism is repeated with the analyst, playing the part of both loathed parental images. It is then the analyst who is made responsible for Geraldine remaining dependent on her parents and maintaining her low station in life: it is he who prevents her from partaking of the glamour and beauty of the 'upper set'. The whole process becomes even more complicated owing to the fact that the liberation from the introjected parental images releases strong anxiety and is being counteracted by the counter-phobic mechanism of compulsive overeating. Benevolent images also become released, as it were, from the encasement of counter-cathexis and give rise to hallucinatory experiences.

The split in the ego is displayed most strikingly by the patient blaming the analyst bitterly for her predicament and then, immediately after that, correcting this distortion of reality and turning the blame against herself, that is her illness. To be sure, this ambivalent view of the analyst is a repetition of a clear-cut division between the black and white parental images and the split in the ego occurring along similar lines.

In view of the complicated processes taking place between the split-off ego fragments which have maintained their opposite instinctual and emotional signs, it becomes imperative to follow up the lines of original fission into all its ramifications. A dream brought by Geraldine and reported with a long delay and considerable reticence illustrates the complexity of the situation.

'There was a couple living in a log cabin in

the woods. They were very much in love with each other. He was threatened, framed, as it were, by another person. The woman warned him, but it was all in vain, she could do nothing to help him. Then he was killed, or maybe it was she, she was left alone and helpless.

To this dream Geraldine had no associations. She opposed an interpretation in the sense of an oedipus situation, but went along with the analyst when he suggested that she wanted to destroy and in a sense had destroyed both parents of her stormy childhood. However, in order not to be completely deprived of her original love objects, she had replaced them by introjecting them into opposite and split off parts of her ego. In identifying with her father she took over his hostility and thus destroyed her mother, and *vice versa*: she repeated this process in relation to her father. Thus as an end result she deprived herself of both her primary love objects. These complex and disastrous processes became understandable when we bear in mind that Geraldine's parents were at constant odds with each other, living more in separation than in common. Their fighting never ceased.

In the course of further development such alternate and contradictory identifications with opposite signs bring about a further fission within the ego. One part of the disrupted ego organization serves the purpose of denying and invalidating the other. In our patient, after the splitting of the maternal image, the idealized part became the source of fantastic female figures. As an attribute of their superiority they were denied genitality and excretory functions. In identification with them Geraldine herself denied her own genitality and would fantasize herself as doing without excretion. At the same time, however, in identification with the opposite black mother image, she would keep herself unclean and fat and would wet her bed. She could then, with good justification, becom and deplore being so lowered as to be condemned to such animal functions and would helplessly and desperately yearn for glamour and beauty which were the lot of her female idols.

In the course of treatment she would express her wish to have a child and at the same time compare women who gave birth and nursed their children to cows. 'Is it not a terrible thing for a woman to be so lowered?' she asked. She remembered that when a little girl she saw a cow urinating and expressed to a playmate her surprise about it: 'Do cows go to the bath-

room, too?' When, at a fairly advanced stage of therapy, she was proposed for an office in a youth organization of which she was a member, she refused. 'I had a phantasy,' she explained with a good deal of embarrassment, 'that they would not have nominated me had they known that I am going to the bathroom.'

Infantile experiences may invade the ego of the schizophrenic spontaneously. If this be the case we have to demonstrate their meaning and genesis and to connect them with actual symptomatology, including phenomena of the transference. At other times we have to evoke them by some suggestive pressures, using all available surface manifestations. A holistic approach is here of particular significance. This is based on the diffuse character of the schizophrenic ego which may extend the transference situation to all persons and objects even remotely connected with the analyst, or important figures from the patient's past. In this large extended area he will enact his infantile experiences and demonstrate his original defences, providing the analyst with material somewhat reminiscent of data offered by a child engaged in play therapy. From this surface material we will try to penetrate to early model experiences.

In studying the infantile form of its functioning, the mature ego sector can observe and grasp the gap between the two. In so doing it learns to dispose of certain primitive 'syllogisms' underlying the infantile thinking. One of my patients formulated two such ideas: (1) Whenever my parents were angry with me, I must be wrong. Therefore, when I am angry with them, they must be wrong. (2) If you never give anybody the right to say no, you never can say no yourself; this means that you must always say yes, that is, give in. This latter conclusion proved to be one of the important elements of this patient's passive homosexuality.

In this patient we could also establish the connexion between his homosexual phantasies and somatic sensations occurring in transference, and his childhood experience. After having bitterly complained of his being let down by his mother, he realized that his feminine identification started at that early time. He used to imagine himself with breasts like his mother. This phantasy hits him now occasionally with a frightening impact of reality.

Out of these models of early experience the infantile ego emerges clearly with its early narcissistic endowment, fostered as it was by the

admiration of the family circle. It is an important therapeutic step when the patient can be encouraged to relive this stage in the analytic session rather than act it out in the outside world. Such a regression, provoked and encouraged by the analyst, has to be kept under control and stopped after a while, certainly before the end of each session. It provides both the patient and the analyst with a unique insight into dynamics, since it allows for the observation of most primitive forms of ego functioning and of foundations of future pathological formations *in statu nascendi*, such as ideas of reference, various delusions and hallucinations.

Regression may be accompanied by changes in the somatic ego. Edgar, age 23, projects his own attitude toward his old infantile ego feeling on his adult environment. While he is driving his automobile, he is aware that some people look on with surprise and laugh with contempt; they think, 'He is so small, how does he dare to do these things?' Others admire him for being so 'wonderful'. Similar reactions are attributed to the analyst. People know that something is wrong with him: He has a small penis. 'How do they know?' He has a small nose, it is written all over his face. His father always knew what he was thinking, especially when he was lying and pretending. Now he only pretends that he is a man and wants to do a man's job while really and truly all he wants is to cling to his mother's skirt.

One evening, before going to bed, Edgar, who stays at the home of his married sister, expresses the wish for a cup of coffee. While he settles down to drink it in the company of his sister and brother-in-law, he has the feeling of nausea. In this way his infantile ego rejects the fulfilment of a wish which at the time of his early childhood had represented the desire to share a privilege reserved for the adults and denied to the little boy.

Careful study of primitive escape mechanisms demonstrates to the patient the manifold ways in which the infantile ego avoids steps required by the growing complexities of his own development and outside reality. Flashes of phantasies and continuous daydreams of most primitive character reveal not only undisguised wish fulfilment but also some of the basic defences of the infantile ego. Here belong identification through incorporation, the reversal from active to passive, and turning against the self. The two latter mechanisms come into action whenever the primitive ego is confronted by powerful

instinctual impulses which arouse waves of anxiety. The relevance of this early defence through passivity for the genesis of homosexual impulses with their secondary paranoid elaboration can be demonstrated in innumerable instances.

Blurring and confusion of thinking serve the purpose of avoiding the testing of external and inner reality. Estrangement, that is de-egotization of important psychic contents and significant images, aids the ego to remove itself from painful and anxiety-laden perceptions. The same applies to parts of the somatic ego which become estranged when subjected to a similar defence mechanism. One of my latent psychotics, dissatisfied with his short and clumsy stature, was thinking of himself only in terms of face, never below.

The analyst and various paraphernalia of the analytic situation become subjected to similar reactions. We use this opportunity to demonstrate to the patient these defences in action.

Emotional indifference and apathy are probably defence mechanisms most resistant to interpretation and working through. The same applies to masochistic patterns.

Apathy as a form of withdrawal of libido has to be distinguished from apathy as a form of inhibition protective against specific instinctual drives. The former appears as the result of feelings of futility based on what may be called disappointment of early megalomania. 'Why should I undertake anything, since attainment will always fall short of the goals of infantile narcissism?' Apathy as a form of inhibition may be the end effect of the process of neutralization of affects as described in *The Interpretation of Dreams*. Thus, in a young woman school teacher apathy was a result of a combination of prostitution phantasies and high intellectual ambitions.

Among various forms of projection narcissistic projection deserves special attention. This process helps the schizophrenic to fill up the world of his loneliness with imaginary figures woven around real individuals. To demonstrate to the patient differences between real persons and his distorted images represents an important step in therapy. Are not his interpersonal reactions by and large a result of such distortions? Here again distortions occurring in transference are of unique importance, so much so that one may say that the decisive battle against the psychosis is won when the patient is able to see the analyst as a real person.

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THERAPY OF SCHIZOPHRENIA¹

OPENING OF THE DISCUSSION

By H. G. VAN DER WAALS, AMSTERDAM

I am rather astonished to find myself, a Continental psychiatrist, opening this discussion on the therapy of schizophrenia, because it seems to me that what one might call a European tradition in clinical psychiatry is responsible for a certain lack of optimism about the subject we are discussing to-day.

Bleuler's fundamental work, published in German in 1911, became in Europe a starting-point for innumerable investigations into the aetiology, symptomatology, heredity, histopathology, and therapy of schizophrenia. The differentiation between 'process psychosis' and psychogenic development became a diagnostic task of the greatest importance. The findings of all these laborious investigations form the basis from which the European psychiatrist works when making a diagnosis of schizophrenia and assessing the prognosis in the individual case.

Thus I came to consider real schizophrenia as an incurable disease, organic in origin, and mainly determined by hereditary factors. Clinical experience seemed to teach us that eventual cure by psychotherapeutic means was possible, but that this disease was particularly apt to give the appearance of successes attributable to psychotherapy ('sham successes'). The discovery of a discordance of 30 per cent. in an investigation carried out on monozygotic twins seems to be of importance in relation to the cure of schizophrenia by psychotherapy. There is some evidence that a healthy sexual life can, where a predisposition to schizophrenia exists, prevent the manifestation of the illness.

The possibility of 'sham success' is present above all in acute cases which progress in attacks (episodes). Especially in the intermission following the first attack it is often hardly possible to prove the existence of a schizophrenic deterioration, and if one takes into consideration that intermissions lasting for forty years have been known, then it becomes

evident that therapeutic optimists are afforded the opportunity to boast of great successes. If we have sufficient clinical experience we know that a great many acute schizophrenic attacks disappear without scars, merely with the help of able and kind-hearted nursing.

In reviewing American literature on the psychotherapy of schizophrenics, one searches for those clinical illustrations so well known to European psychiatrists. However, if we take into account that Bleuler's work remained unknown to English-speaking psychiatrists for more than forty years, and that the most important contributions on schizophrenia have also been published in German, their absence does not give cause for surprise.

In many of these papers, success in the treatment of acute conditions is attributed to the application of very different techniques. In a number of cases it is seriously to be doubted whether they in fact belong to the schizophrenic group. The mere disappearance of the acute condition has been interpreted by some authors as a cure. I am not as certain as Dr. Bychowski that our knowledge of the disease has been augmented to a considerable extent by the psychotherapeutic experiments made since 1940. Furthermore, it is remarkable how much attention has been paid to the required personality of the therapist.

All the same I must confess that perhaps the most fascinating book I have read for many years is that of Rosen: *Direct Analysis*. It gives me the strong impression that a profound knowledge of the unconscious, and a free approach unhampered by technical prejudices, enable the therapist to resolve dangerous acute conditions. Time will decide whether, as Rosen maintains, analysis following the acute attack can prevent the occurrence of new attacks.

To-day, however, the contributions of our colleagues Rosenfeld, Eissler, and Bychowski

¹ Paper read in the Symposium 'Therapy of Schizophrenia' at the 18th International Psycho-Analytical Congress in London, 28 July, 1953.

demand our attention. They do not give rise to the objections I have already mentioned. All three discuss chronic cases, where the diagnosis of schizophrenia cannot be doubted. None of them shows himself over-optimistic with regard to the psychotherapy of schizophrenia or claims a spectacular success.

To begin with, there is a marked difference in technique between Rosenfeld on the one side and Eissler and Bychowski on the other. Most workers on the psychotherapy of schizophrenics do not question that their treatment requires a modification of the classical psycho-analytic technique. Both Bychowski and Eissler are of this opinion; Bychowski stresses not only the necessity of using reassurance in states of increased anxiety, but includes the use of educative measures which, he says, enable the patient's super-ego to refrain from releasing the whole impact of its original fury on to the analyst.

Rosenfeld, in contrast, states that he and other English analysts, in their approach to schizophrenia, use a technique which retains the essential features of psycho-analysis, without the use of reassurance or educative measures. According to Rosenfeld, the analyst's main task in both acute and chronic schizophrenia, is the recognition of the relevant transference phenomena and its communication to the patient. On this point I wonder whether Rosen has not sufficiently proved that the use of reassurance does not necessarily hamper the interpretation of transference phenomena. In my opinion, the reassurance used by Rosen is based on a deep insight into the transference phenomena, and because of this the difficulties of management, which Rosenfeld mentions, became greatly reduced.

Also in other respects we become aware of marked differences in approach in comparing the papers of Rosenfeld, Eissler, and Bychowski. At our present stage of incomplete knowledge, it seems impossible to evaluate these different techniques on their merits. The suppositions of Freud and Abraham are of a rather deductive nature and have not been substantiated by actual experience in the therapeutic situation. The difficulty is not that the schizophrenic is incapable of forming a transference, but that the transference which he forms is of a rather mysterious nature, difficult to disentangle and difficult to deal with because of its violent aspects. Several American workers have described the importance of the transference in schizophrenia and have concluded that the

infant is capable of an object-relation from birth onward, in confirmation of the view held by Melanie Klein. Such an object-relation can only be of a peculiar nature and for the adult difficult to understand. Rosenfeld again draws attention to his observation that schizophrenics show one particular form of object relationship very clearly: as soon as the schizophrenic approaches any object in love or hate he seems to become confused with that object. Rosenfeld may well be right in assuming that Melanie Klein's researches into the early stages of infantile development give the deepest understanding so far available of this particular object-relationship. Nevertheless, I am not wholly satisfied. Rosenfeld certainly proves that the concepts which Melanie Klein brought forward with regard to the earliest phases of infantile development may be useful for the understanding of schizophrenic object-relationships, and for dealing with the transference phenomena. But, as these concepts are still a controversial matter, it would have been of great value had Rosenfeld been able to prove their validity by means of more convincing material.

Bychowski also stresses the schizophrenic's wish for and fear of merging with another ego. He thinks that genetic data concerning the emergence of the ego, and the origins of consciousness as related to the separation from the dual unity with the mother, can be utilized to demonstrate to the patient the meaning of this basic reaction. I agree with Bychowski that this statement implies manifold meanings and ramifications. In my opinion, it does not become sufficiently clear why the patient fears so much to merge with another ego. Here a gap remains which Rosenfeld tried to fill up, for a better understanding of the earliest phases of infantile development would enable the therapist to deal more adequately with transference reactions of both libidinal and aggressively destructive character, which endanger the continuation of the treatment. Bychowski mentions the necessity for tuning down these reactions, Eissler speaks of the regulation of the transference. I do not see clearly what, apart from analysing a transference, is meant by tuning down or regulating a transference reaction.

In the opinion of Rosenfeld, the main task of the analyst in the treatment of schizophrenics is the interpretation of transference phenomena. Bychowski holds a wider view. He certainly agrees with Rosenfeld as to the importance of

the interpretation of the transference reactions, but in addition to this he points to the importance of studying phenomena such as thinking in concrete form, the diffusion peculiar to schizophrenic thinking, confusion of images, magic thinking, etc. These and other formal peculiarities of schizophrenic experience can, according to Bychowski, be worked through and subjected to a process of slow systematic correction. As all the phenomena mentioned seem to depend on the regression of the ego owing to the persistence of an archaic ego, we can summarize Bychowski's theory as an insistence on the importance of working through the effects of this regression, with emphasis on its persistence.

Eissler is also more exigent than Rosenfeld. He holds it to be evident that the disappearance of symptoms or the adjusted behaviour of the schizophrenic patient can be only subordinate goals of psycho-analytic therapy. Eissler is of the opinion that the first goal of the treatment ought to be to uncover the basic defect of ego-structure. He describes disturbances of schizophrenic emotionality and perception as such a basic defect. According to Eissler the peculiarity of schizophrenic emotionality is due to the absence of defence-mechanisms, present in the normal ego, which in the schizophrenic either did not develop within the pathognomonic area of the patient's ego, or succumbed to the ravages of the acute psychosis. I think Eissler's contribution on schizophrenic emotionality most interesting, but it applies more to the psychopathology than to the psychotherapy of schizophrenics. He apologizes for having been so brief in the presentation of the clinical material, and as a matter of fact, a more detailed account of his technical procedure would have been very useful. Eissler's aim is to provide the patient with new and more appropriate defence mechanisms—'to induce the patient to form a new structure'—and he holds this formation possible if the transference is 'optimal'. He calls a transference optimal if it takes place within the two dangerous extremes: of feeling too much loved or of feeling unloved and rejected by the analyst. The patient is not permitted as much of being loved and of loving as he would prefer. Now Eissler does not mention at all how he

succeeds in creating and maintaining this happy and blissful situation. With a patient showing the peculiarities of emotionality which Eissler describes, one would expect this to be a difficult undertaking. From the first reports on the psychotherapy of schizophrenics we get the impression that the greatest difficulty is due to the fact that the narcissistic equilibrium of the patient can only be maintained by a degree of wish-fulfilment which exceeds by far the limits of what a normal person can provide. How does Eissler succeed in surmounting these difficulties?

My second objection concerns Eissler's theory of schizophrenic emotionality. I question whether he does not try to explain too much by the formal peculiarities he describes, thereby neglecting other factors. From his description it becomes clear that his patient encountered serious difficulties in differentiating her own ego from other egos, especially in emotional states. The easy traumatization of the schizophrenic patient, which in Eissler's opinion arises from the certainty with which the patient anticipates the future, could as well be dependent on frustration of wishes for omnipotence. Nor am I convinced that the relative ease with which the patient lost the feeling of her identity when in the company of others, can be sufficiently explained by formal peculiarities of her emotionality. The condition reminds me of Rosenfeld's observation that as soon as the schizophrenic approaches any object in love or hate he seems to become confused with that object.

Difficulties in establishing ego boundaries belong, as do wishes for omnipotence, to the earliest phases of infantile development. I think that Rosenfeld is right in his assumption, that remnants of these earliest phases deserve the closest scrutiny in the treatment of schizophrenics. More insight in this matter will help Bychowski in his battle against the psychosis, which he considers won when the patient is able to see the analyst as a real person. It will also help Eissler, who believes that a more profound knowledge of the way in which the healthy ego sets about assuring the certainty of its own identity will greatly advance the psychotherapy of schizophrenia.

ANALYTIC TRAINING AND TRAINING ANALYSIS.¹

By MICHAEL BALINT, LONDON

The greatest mistake we could make would be to consider our present training system as a final, or even settled, solution of our many problems. In fact this is far from being the truth. The present system is only one more step in a long development, after many previous steps have been found faulty in one respect or another, and it is quite certain that future generations will form the same opinion of our present system. This symposium will then stand to our credit, that at least we were conscious that there were problems to be faced.

What I have said about our training system as a whole holds true of its most important part, the training analysis. The history of training analysis could be described as consisting to date of five periods,² to which I will give not quite correct but short and convenient names, so that we may talk about them: The first period was that of pure *instruction*, done mainly by the pupil himself, almost without any help from outside, simply by reading Freud's books. Soon after, the need for something more than intellectual knowledge was recognized, and the 'something more' consisted of a short analysis lasting some weeks to some months, which enabled the candidate to experience in his own mind the validity and force of the main psycho-analytical findings. This second period I shall call the 'period of *demonstration*', and I would like to quote a very early, perhaps the earliest, description of it by Freud himself in two unpublished letters to Ferenczi. The English translation is mine. 22 October, 1909. 'Eitingen is here. Twice weekly, after dinner, he comes with me for a walk and has his analysis during it.' 10 November, 1909. 'Eitingen, who has fetched me twice weekly for an evening walk during which he has had his analysis, is coming for the last time next Friday; he intends to settle for a year in Berlin.'

A later and much more explicit description of it is given by Freud in 'Analysis Terminable and

Interminable' (1937): 'For practical reasons this analysis can be only short and incomplete. . . . It has accomplished its purpose if it imparts to the learner a sincere conviction of the existence of the unconscious, enables him through the emergence of repressed material in his own mind to perceive in himself processes which otherwise he would have regarded as incredible, and gives him a first sample of the technique which has proved to be the only correct method in conducting analyses. This in itself would not constitute adequate instruction, but we hope and believe that the stimuli received in the learner's own analysis will not cease to act upon him when that analysis ends, that the processes of ego-transformation will go on of their own accord, and that he will bring his new insight to bear upon all his subsequent experience. This does indeed happen and, in so far as it happens, it qualifies the learner who has been analysed to become an analyst.'³

While the first two periods developed imperceptibly without any scientific discussion whatever, the third period, that of 'proper analysis', was able to establish itself only after heated debates and the overcoming of considerable resistance. The protagonist in the attack against the method of 'demonstration' was Ferenczi, whose main argument, simplified to the bare bones, was that it was an untenable situation that the patients should be better analysed than their analysts. He demanded that a training analysis should last about as long, and should go about as deep, as a therapeutic analysis. The resistance argued that one's character is one's most precious possession, really the core and essence of one's personality, and should not be lightly played with. Any tampering with such an important part of one's mental organization might lead to unforeseeable consequences.

This controversy has never been settled. The problem was forgotten, and the next, the fourth,

¹ Contribution to the Symposium 'Problems of Psycho-Analytic Training', at the 18th International Psycho-Analytical Congress in London on 28 July, 1953.

² Cf. my paper 'On the Psycho-Analytic Training System', in *Int. J. Psycho-Anal.*, 29, 1948.

³ *Collected Papers*, Vol. V, p. 352.

period started by the acceptance of another, still more exacting, demand, also by Ferenczi, according to which training analyses must achieve more than therapeutic analyses. He wrote in 1928: 'I have often stated on previous occasions that in principle I can admit no difference between a therapeutic and a training analysis, and I now wish to supplement this by suggesting that, while every case undertaken for therapeutic purposes need not be carried to the depth we mean when we talk of a complete ending of the analysis, the analyst himself . . . must know, and be in control of, even the most recondite weaknesses of his own character; and this is impossible without a fully completed analysis.'⁴

This 'fully completed analysis' is obviously more than is usually needed for therapeutic purposes, that is the reason why I propose to call it 'supertherapy'. Ferenczi did not describe its aim explicitly, but fortunately I can quote Freud. He wrote in 1937: 'The effect (of such a supertherapy) upon the patient has been so profound that no further changes would take place in him if his analysis were continued. The implication is that by means of analysis it is possible to attain to absolute psychical normality and to be sure that it will be maintained.'⁵

Although Freud was very sceptical about the possibility of any such supertherapy, training analyses all over the world started to become longer and longer, both absolutely and as compared with therapeutic analyses. I mentioned that early in the 'demonstration period' the duration of a training analysis was a few weeks to a few months. This was gradually lengthened in the beginning of the 'twenties to about one and a half to two years on paper, and about three to four years in reality. Since the middle of the 'thirties it has started to grow, almost to luxuriate, until to-day I think it is fair to say that nobody has any idea how long a training analysis should or does last. The time mentioned in training prospectuses is usually about four years, but everyone knows that this means only the termination of the official phase of the training analysis, marked by the graduation of the candidate, and that more often than not the real analysis goes on uninterrupted, and nobody except the two people concerned knows for how long.

Surprisingly, any enquiry by a third person as

to what in fact happens in these 'post-training analyses' is dismissed out of hand, with supercilious indignation. The post-training analysis is an absolutely private affair; any interference is inadmissible and intolerable. This is an obvious case of part of the truth being used to cloak the whole truth. The post-training analysis is either a continuation of the training analysis, i.e. a public affair, or the newly graduated analyst is still in need of analytic help in which case both the original selection procedure and the recent graduation come under suspicion of not having been quite adequate. Although a full knowledge of the facts would be of very great importance for checking some faults in our training system, the veil of secrecy and privacy is carefully kept over all these happenings. Later we shall discuss some of the forces that have brought about this tacit collusion involving the candidate, his training analyst, and the whole training committee.

It is only in the last few years that some cautious people have rather timidly questioned the possibility of a supertherapy; they say that the aim of a training analysis is not its 'completeness' or 'proper termination' or 'supertherapy', but 'research'. With that I have arrived at the last, the present, phase of our training system, which I propose to call the 'period of research'.

I wish to add an important rider. Like any other human institution, analytic training does not proceed at the same pace everywhere in the world. Perhaps the majority of our training institutes work nowadays towards the aim of giving a 'proper analysis', corresponding to my third stage; it is possible that a few lag behind in the transitional phase between the 'demonstration' period and that of 'proper analysis', but I may be too pessimistic. All the modern 'progressive' institutes are profoundly influenced by the idea of the 'supertherapy'; my fourth period; and I know of some training analysts, at least in London, who in verbal communications advocate 'research' as the true aim of their training analyses, but I have not yet seen this idea in print.

Here I wish to discuss some dynamic aspects of the period of supertherapy. Unfortunately, as this period developed without any published scientific discussion, almost imperceptibly, I cannot quote any author and must use my own

⁴ 'The Problem of Termination of Analyses', *Int. Z. Psychoanal.*, 14, 1928; to be published shortly in English.

⁵ 'Analysis Terminable and Interminable.' *Collected Papers*, Vol. V, p. 320.

limited, and possibly highly subjective, personal knowledge of the events as my only source—a rather uncertain basis.

A further difficulty is that this change occurred at a time when, with the arrival of the third generation of training analysts, the various 'schools' within the analytical movement started.⁶ Training is by far the most important way of propagating any particular set of ideas, and inevitably it became involved in the controversy of the competitors. It is frightfully difficult to avoid becoming a partisan when discussing the development of our training. On the other hand, not to mention the impact of controversial ideas upon training would make the whole present discussion hypocritical and false.

One reason for the supertherapy, and to my mind a very important one, was the experience that a number of senior analysts realized the inadequacy of their previous training and at great sacrifice to themselves sought to remedy it by further analysis. As the complicated cross-transferences in their local group usually made it too difficult to ask help at home, analysis meant giving up their practice and living for years abroad. This epidemic of migrating senior analysts⁷ broke out in the early 'twenties and lasted for about ten to fifteen years.

The impact of this epidemic upon psycho-analytic thinking, and especially upon analytic training, was profound; it amounted almost to a trauma. After all, the prospect of becoming a migrant only a few years after settling down in independent practice is frightening enough to cause severe anxieties. Moreover, understandably enough, the technique of the first analyst came up against sharp criticism during the second analysis, a criticism prompted both by reality and by highly emotional phantasies. In addition, as often as not the second analyst was not able to avoid becoming involved in the resentful atmosphere. To prevent the development of such hypercritical, almost hostile, sentiments, i.e. to prevent unnecessary human suffering hurting analysts and candidate equally, new techniques had to be developed.

If my observations are correct, these new techniques, called above 'supertherapy', have fulfilled expectations. The epidemic of migrat-

ing analysts sharply declined, or even practically stopped, say about 1935, though admittedly it is possible that this sharp decline was caused partly by the threatening world crisis. On the other hand it is an undeniable fact that the epidemic did not return after the end of the war, when migration again became possible.

It is not easy to give a concise description what these new techniques consisted of, and still more difficult to give one which will be acceptable to everybody. The main reason for this difficulty is the close link between the new techniques and the various 'schools'. In the so-called classical technique, corresponding to my third period, that of 'proper analysis', the main interest was focused on the Oedipus complex, the nuclear complex of all human development. All the events that are comprised under this term happen at a time when the child can already speak. All the new techniques claim to go beyond the Oedipus conflict, into the pre-oedipal states, which means that they must express in words mental experiences of a non-verbal or even pre-verbal period. As we all know, several such attempts have been made by various analysts, each of them developing his own supertherapy and using his own language, i.e. his set of technical terms, for describing his experiences. Although the experiences and findings admittedly overlap, to date we have no dictionary that would enable us to translate the train of thought of one school reliably into the language of another. Still, despite this serious difficulty, I think that most of us will agree that the new techniques consisted of studying more and more finely and deeply the ever-changing phenomena of the day-to-day transference, and interpreting as many of its details as possible, especially in their aggressive-sadistic aspects. If this is acceptable I propose to discuss the new techniques of the supertherapies from this angle. Several reasons suggested this procedure. First, it enabled me to make use of Freud's discussion of this problem in 'Analysis Terminable and Interminable', second, modern literature is unanimous in emphasizing the paramount importance of the aggressive-destructive urges of the mind, and, third, in our particular field aggressiveness plays a decisive role indeed.

So let us start with Freud who, in 'Analysis

⁶ Until then, any real controversy led to a secession. The reason for the more or less friendly co-existence of rival 'schools' within the analytical movement since the 'twenties is partly that the differences are less fundamental, but also that psycho-analysis has become strong

enough to tolerate—though suffering under the strain—the struggle of conflicting ideas.

⁷ As often as not trailing after them a flock of patients and junior analysts.

Terminable and Interminable', discussed at length a charge—I think it may be revealed now—made by Ferenczi against his master, friend, and former analyst, of not having properly 'considered the possibilities of a negative transference' (*op. cit.*, p. 322). First Freud stated that he had found 'no sign of a negative transference' (*op. cit.*, p. 322). Continuing, he raised the all-important methodological problem 'whether it is practicable or advisable to stir up for purposes of prophylaxis a conflict which is not at the moment manifest' (*op. cit.*, p. 332), and lastly the technical problem whether it is possible 'to activate a psychical theme (i.e. negative transference) . . . by merely indicating it to the patient, so long as it was not at that moment an actuality to him. Such activation would certainly have necessitated real unfriendly behaviour on the analyst's part' (*op. cit.*, pp. 322–323). After examining this fundamental methodological and technical problem from many angles, paying due attention to the strains and frustrations in the analytic situation caused by the 'state of abstinence' (*op. cit.*, pp. 333–335), Freud came to the conclusion that such a procedure is neither practicable nor advisable.

In fact, analytic technique has gone the opposite way, and nowadays even a beginner would be seriously reprehended should he report to his supervisor that he found 'no sign of a negative transference' (*op. cit.*, p. 322). Moreover, he is taught not only to discover even the faintest signs of negative transference, i.e. aggressive sentiments towards the analyst, but also to resolve them as soon as discovered by well-aimed, timely interpretations.

As I believe this is the only instance when Freud uttered such a grave warning and psycho-analysis, disregarding the master's advice, developed exactly in the contra-indicated direction, the whole problem well merits close examination. One danger which I am certain we are all aware of is that of interpreting negative transference too late, i.e. when it has already become injurious to the analytic situation, to the patient, or to his environment. The opposite danger, and it is clear that this is what Freud warned us against, is to interpret it too early. In this latter case the patient may be prevented altogether from feeling full-blooded hatred or hostility because consistent interpretations offer him facilities for discharging his emotions in small quantities, which may not amount to more than a feeling of some kind of irritation or of being annoyed. The analyst, interpreting nega-

tive transference consistently too early—in the same way as his patient—need not get to grips with high intensity emotions either; the whole analytic work may be done on 'symbols' of hatred, hostility, etc. If those low intensity symbolic emotions are treated as truly representing, or as 'standing for', the real thing, the patient and his analyst may accept them as such and get away with it.

Another complication—and I think that was the other danger foreseen by Freud—is that for some patients, or maybe even for many, consistent interpretation of faint signs of aggressiveness may appear as 'real unfriendly behaviour' motivated by the analyst's captiousness and touchiness. A possible result of such a technique may be that the patient would feel that the analyst is in need to protect himself against full-blooded hatred and aggression by carefully and consistently nipping it in the bud, by making a mountain out of every molehill—while at the same time trying to create the impression that he is dauntless and immune against any hostility and hatred. A covert, insincere, or even hypocritical collusion may then develop, both patient and analyst treating traces of emotions as if they were of true intensity. One way out of this strained situation is to repress all suspicion, to idealize the analyst and to introject his idealized image, while turning full intensity aggressiveness and contempt against the bad outsiders who, in their purblindness and folly, fail to recognize and respect the idol, and still more against the irritating fools and knaves who try to find fault with him.

In therapeutic analyses after which patient and analyst part for good, introjecting the idealized analyst probably 'is of no great importance. After all, many healthy people shelter in their mind such idealized images—of their mother, father, teacher, master, of a lover of the past, or of some hero from history or fiction—without much harm to their mental health. As the years pass by, such an image tends to coalesce with the ego, enriching it thereby—a process well known as identification. The chief condition for such a harmonious coalescence is that the idealized and introjected object should gradually lose its sharply delineated individuality, that it should not resist the ego's digesting and assimilating it. It is here that training analysis has to face its gravest hazards. If my views are right, too early and too consistent interpretation of slight signs of hatred may train the candidate to spare his analyst from and to protect him against the full

brunt of fierce aggressiveness. Real hatred and hostility are only talked about, never felt, and are eventually repressed by the taboo of idealization. If I may be allowed to use a colloquialism, the candidate is not able to nibble bits off his analyst, accepting some and rejecting others of his qualities, techniques, and methods, because every such 'destructive attempt would be interpreted and thereby prevented; the analyst must be 'swallowed whole', as a whole ever repaired and idealized object. Physiology and psychology agree that for us human beings food swallowed whole without being chewed up is more or less indigestible.

St. Paul's conversion teaches us that introjecting a previously hated and persecuted object in idealized form may result in intolerance, sectarianism, and apostolic fury. Phenomena reminiscent of these states may be met with in many psycho-analytical societies. I suggest that the cause of this is that the ambivalently loved and idealized, introjected image must be preserved at all costs as a good and whole internal object. In such a state any outside criticism—whether justified or unfounded—merely mobilizes all the forces of the pent-up hatred and aggressiveness against the critic, and for the protection of the training analyst, his technique, ideas, and methods. Moreover, if the local group is split by controversial ideas, the analyst is potentially in constant danger, and we know what an irresistible attraction is in the phantasy of saving the father (or mother). It is very difficult to chew up, to digest and to assimilate the idealized analyst if other people openly express doubts as to his goodness; on the one hand the critics may even be right, on the other hand by trying to chew up the ideal one courts the danger of apparently agreeing with them.

In fact, quite often instead of the actual training analyst one or the other of his ancestors in the apostolic succession appears as the public front of the introjected image. This fact has very important repercussions for the structuring of the local group and even of our International Association, but it is not of great

portent for our problem of the training analyses.⁸

I said earlier that the idea of 'supertherapy' goes back to Ferenczi. In his characteristic, hasty enthusiasm, he called it 'the second fundamental rule of psycho-analysis, the rule by which anyone who wishes to undertake analysis must first be analysed himself. Since the establishment of that rule the importance of the personal element introduced by the analyst has been more and more dwindling away. Anyone who has been thoroughly analysed and has gained complete knowledge and control of the inevitable weaknesses and peculiarities of his own character will inevitably come to the same objective conclusions in the observation and treatment of the same psychological raw material and will consequently adopt the same tactical and technical methods in dealing with it. I have the definite impression that since the introduction of the second fundamental rule differences in analytic technique are tending to disappear.'⁹

It is a pathetic and sobering experience to realize that although this idealized, utopian description gives a fairly true picture of any of the present cliques of the psycho-analytic movement, it is utterly untrue if applied to the whole. Ferenczi foresaw correctly the results of one 'supertherapy', but he had not even thought of the possibility that the real development would lead to the co-existence of several 'supertherapies' competing with one another and leading to a repetition of the Confusion of Tongues.

I think that it was these two unattractive consequences, first the covert collusion between analyst and his candidate about introjecting the idealized analyst, and, second, the resulting confusion of tongues, power politics, and hostility that prompted some training analysts among us to experiment with a technique which would avoid them. Some of them, as mentioned, characterize the aim of this kind of training analysis by the name 'research'. It is not quite clear who is the subject and who the object of the research. Is it that with the help of the analyst the candidate has to find out something about the deep layers of the human

⁸ Postscript. A good demonstration of the importance of the 'apostolic succession' was presented by the Symposium on Training at the 18th International Psycho-Analytical Congress, to which this paper was a contribution. There were four reporters, M. Balint, P. Heimann, G. Bibring, and M. Gitelson, and J. Lampl-de Groot opened the discussion with a prepared paper. Although all the speakers quoted extensively from literature, it was conspicuous that each of them quoted his own set of authors, entirely different from

the others. There were only two notable exceptions, (a) that Freud was quoted by all the five, which is a strong argument for my theses, as Freud is the *fons et origo*, and (b) that two of them quoted Anna Freud. These were G. Bibring and J. Lampl-de Groot. The reason is obvious.

⁹ 'The Elasticity of Psycho-Analytic Technique.' *Int. Z. f. Psa.*, 1928, 14, 197. English translation to appear shortly.

(his own) mind, or is it the analyst who, with the help of his candidate, wants to find out something about the possibilities and limitations of his own understanding and technique? I really do not know; and if the two aims mean in fact the same—which is quite conceivable—perhaps this is exactly how it ought to be. The main thing is that we are trying to divest ourselves of the semblance of omniscience inherent in any 'supertherapist', that we try not to give too many, too early, and too well-digested interpretations, which possibly may prevent the candidate from making his own discoveries, at his own peril, and from growing up thereby. Too much and too good food, given too readily, may make the baby grow fat, insensitive to anything but 'good' food . . . and dependent. The aim of the 'period of research' is to bring up babies who may be lean and perhaps less satisfied, whose interest is not restricted to 'good food', but who are independent and even somewhat lacking in respect. In our sober moments we know that there is a price to be paid for all that, but at present we do not yet know what the price may be.

It is time to stop. We have been accustomed to consider the psycho-analytic situation as determined by the patient's transference, by an irresistible, unconscious force in him, stronger even than the pleasure principle, a force which Freud termed repetition compulsion. The course of psycho-analytic treatment was thought to be a *recapitulation* of the important events of the patient's libido development, or—as we like to say nowadays—of the many changes of his relationship to his objects of love and hate. This theory was obviously incomplete. The history of psycho-analytical training, among others,

shows that in addition to the patient's transference the analyst's technique also plays a decisive role. After all, the spectacular changes in the form, duration, and atmosphere of the training analyses during the last thirty to forty years cannot be attributed solely to our candidates.

I am aware of the burden of responsibility that is thrown upon us by my proposition. Still, our growing knowledge compels us to recognize that the events during an analysis are not determined by the patient's associations and transference, or by the analyst's interpretations, but by an interaction of the two.

This paper endeavours to give an account of the history of this interaction in training analysis. How the full recognition of the importance of the candidates' aggressive impulses changed their analysts' methods of interpretation, how the new techniques then changed the atmosphere and the end result of our analyses, and how—at present—some among us try to remedy some of the questionable consequences by a different technical approach. As we all know, to deal with aggressive impulses, with hatred, has always been one of the unsolved, and perhaps insoluble, problems of mankind, causing troubles far beyond the fields of psycho-analytical training. It is a platitude to state that we training analysts have not found the solution either. The danger is that some of us, proud of the success of our new techniques, might think that we are near the solution. As a warning I wish to quote the device of the Unitarian Church of Hungary, which ought to be the device of our training regulations too—*semper reformari debet*—or, as translated by a friend of mine, 'reform unremittingly'.

PROBLEMS OF THE TRAINING ANALYSIS¹

By PAULA HEIMANN, LONDON

In a therapeutic analysis the patient asks the analyst to restore his health. In a training analysis the analytic Society briefs the analyst to introduce the candidate to the career he has chosen. Throughout his analytic work with the candidate, the analyst exerts an influence on the candidate's progress in the theoretical part of the training; and at certain times this enters manifestly into the analysis. He registers the candidate, he determines when he begins the lectures and his clinical work, he helps in the choice of the supervisor, and finally, when the candidate's qualification is under discussion, he has the decisive word. His contact with his candidate is not confined to the analytic sessions, but he meets him at the Society meetings and, if he is a lecturer, at his own lectures. Thus he does not remain an anonymous figure, a voice behind the couch. The candidate comes to know a great deal about his professional and personal life.

These factors which distinguish a training analysis from a therapeutic analysis present serious problems for the analyst, problems of a professional and a personal kind. As regards the first, there is above all his responsibility for deciding whether the candidate is really a suitable person to become an analyst.

Since the most careful interviews of an applicant by the training committee cannot reveal what an analysis reveals, the initial acceptance of the applicant is only provisional, and it rests with his analyst to make the final decision.

To list some of the qualities for which I am looking in a future analyst:

A deep conviction of the dynamic nature of the unconscious.

Intuition and the innate psychological flair which is comparable to what we call talent in an artist.

The interest in human beings in which a wish to help is combined with respect for the other person's individuality.

The capacity for establishing object relationships on deeper levels and maintaining them for a long period. (This capacity, though, may not necessarily take form in that swift and spontaneous manner which is implied in the term intuition.)

The capacity to recognize one's own limitations and to tolerate the tension arising from encountering problems to which the answer is not easily forthcoming, in order that this tension may not lead to blurring the issue or rushing into action.

The capacity to bear personal problems, anxieties, worries, without using *denial* techniques such as repression, splitting, and projection, which, by disrupting the ego, interfere with the work in hand.

In terms of psycho-pathology this would imply that the depressive reaction type is more suitable than the manic or schizoid reaction type. Psychotic illness or a psychotic character formation in an applicant (except in very rare cases) should be regarded as rendering him unsuitable, and I think equally unsuitable is the extreme opposite: those so-called 'normal' personalities in whom realism, adaptability, and a well-ordered life, including sexual gratification and a smooth working capacity, are built upon shallowness and poverty of the personality. (Looked at genetically these types represent the result of a too strong operation of the 'manic defence' at the crucial phase of the infantile depressive position (Melanie Klein).²

The analyst's personal problems that may be considered as specific to a training analysis derive from several sources. Personal conflicts, with colleagues, friendships and animosities, may rouse anxieties about his reputation,

¹ Paper read in the Symposium on 'Problems of Psycho-Analytic Training' at the 18th International Psycho-Analytical Congress at London on 28 July, 1953.
² A Contribution to the Psycho-Genesis of Manic-

Depressive States', *Int. J. Psycho-Anal.*, 16, 1935. 'Mourning and its Relation to Manic-Depressive States', *Int. J. Psycho-Anal.*, 21, 1940. Both also in *Contributions to Psycho-Analysis, 1921-1945*. (Hogarth: London.)

more than with the analysis of a patient, because the result of a training analysis is known to his colleagues. He may be ambitious and want his candidate to be brilliant in order to prove the quality of his work, and more so perhaps in a Society which comprises controversial groups. He may have formulated some new points of view and may wish that his candidates should become convincing representatives of his theories. And let me add a more serious point: that there may be discontents with his own analytic experience, and doubts in the truth and effects of analysis which would affect him particularly in the analysis of a future analyst.

I have enumerated briefly the distinguishing features of a training analysis in order to make it clear that I do not underrate their significance. At the same time I should hesitate to declare that they necessarily render a training analysis more difficult than that of a patient. I can think of a number of therapeutic analyses which I have found more exacting than some training analyses.

In the following remarks I shall put before you some considerations concerning technical problems which are not necessarily exclusive to a training analysis.

The burden of my argument is that the dangers for the training analyst lie in his *temptation to modify* his technical procedure.

I would suggest that the history of psychoanalysis has taught us which attitude we should adopt when we encounter additional difficulties.

When Freud discarded hypnosis, he was confronted with problems which the use of hypnosis had hidden. His genius, in Professor Lagache's³ apt phrase, consisted in converting difficulties into instruments, and the instrument which Freud forged from his encountering the patient's resistance was the change in the orientation of his interpretations. Instead of divining the unconscious meaning of a symptom Freud directed his interpretations to the patient's defences against the analytic work. He discovered that the analyst must not be preoccupied with an isolated aspect, but that he must establish contact with the patient's *total* personality. He must give the patient full scope to be active himself in contrast to expecting his passive

acceptance of interpretations, to express his resistance, criticisms and opposition to the analyst. This revealed the complex emotional interplay, the derivation of conscious ideas and feelings from the basic instinctual forces, the determination of external reality by unconscious phantasies which led to all Freud's basic formulations. It must have been then that Freud discovered how difficult it is for human beings to face the truth. The analytic situation now enabled the patient to do the psychic work by which his ego develops so as to become independent of the need to form symptoms.

This change in the orientation of interpretations resulted in a deeper understanding of the nature of the unconscious processes and of the analytic work. It made the analytic situation more dynamic, because it established its character as a relationship between two partners with unequal rights, it is true, but complementary functions. In its most condensed way this is expressed in the fundamental rule of free association for the patient and freely floating attention for the analyst.

Freud's further recommendations⁴ elaborate the dynamics of the relationship between the patient and the analyst. It is determined by the patient's unconscious memories, of fact and phantasy, and the analyst's task is to understand and interpret the immediate significance of this relationship.

Thus Freud's statement that we have to treat the patient's illness 'as an actual force, active at the moment, and not as an event in his past life'⁵ implies that the analytic relationship represents the stage on which the patient re-enacts his symptoms, memories, dreams, and current experiences. Only when their actuality within the transference has been worked through are they taken back to the original relationship.

This makes the transference the field on which all conflicts must be fought out, and this imposes the demand on the analyst to lay aside all conscious aims of the treatment.

II

This crucial change in the concept of the analytic situation cleared the road to a new

³ Daniel Lagache: 'Le Problème du transfert', *Revue Française de Psychoanalyse*, 1952 p. 7. . . . 'que le génie de Freud a consisté à convertir les difficultés en instruments. Chaque difficulté, chaque échec ont été le point de départ d'une recherche psychologique et d'une

innovation technique.

⁴ 'Papers on Technique', . . .

⁵ 'Recollection, Repetition, and Working Through', 1914. *Coll. Pap.*, 2.

discovery of difficulties, this time on the part of the analyst, and a new instrument was forged, the analysis of the analyst.

What we learn from the history of psycho-analysis is that no obstacle must be allowed to deflect us from our concern with the *unconscious* determination of a patient's reaction to the analysis, with his *unconscious* phantasies underlying his response to external factors and use of them.

This holds no less for a training analysis. If at all, we may perhaps afford to alloy the gold of analysis with the copper of other therapeutic techniques, such as advice, guidance, appeal to the intellect, encouragement, comforting remarks, etc., in the analysis of certain patients. The future analyst will be exposed to the violence of primitive instinctual impulses, the terror and despair of early infantile conflicts in his patients, and he will only be able to deal with them if he has experienced and *worked through* the same problems in himself.

As regards the analytic situation when the analyst reassures the patient instead of interpreting, I would compare this with the situation of the child, as described by Anna Freud⁶ yesterday. She pointed out that the child feels every move away of the libido on the part of his mother. In the same way, the patient feels his analyst's moving away from analysis and offering him other things. Both the child and the patient experience an actual loss.

In my own experience the reproduction of an early infantile scene, a temper tantrum, a state of despair, etc., can be dealt with and resolved by *purely analytic* means, provided the interpretations do full justice to the infantile phantasies which are dominating the patient. The analyst's understanding of the terror, guilt, and despair characteristic of the paranoid and depressive positions, as discovered by Melanie Klein, enable him to give the patient the help which he needs.

If the extra-analytic factors of a training analysis are not allowed to become sanctuaries for resistance, they prove fertile for the analytic work.

When the analyst acts as the representative of the training committee, the analytic situation essentially assumes the character of a triangular relationship with the analyst in the

rôle of both parents, and often specifically of the 'combined parental figure'.

There is much less interference with the analytic work if the extra-analytic contacts between analyst and candidate are confined to professional purposes and if social meetings are avoided. This may not always be possible. But if social meetings at parties, etc., occur repeatedly, the candidate is likely to feel that his analyst is in collusion with him and that his attitude in the analytic room is a pretence.

The very complexity of the training brings to the fore the complex and chaotic phantasies of the beginning of the Oedipus complex during the polymorphous⁷ stage of development. Whilst the transference becomes more intense, the analysis has the more chances to penetrate to the most primitive anxieties and defences, such as splitting emotions and object relations.

One candidate re-enacted the division of her feelings between father and mother by hating her supervisor and idealizing me, her analyst. The supervisor then represented the dreaded father, whereas I was the loving and kind mother. At a later point she repeated another period of her childhood in which the supervisor became the feeding mother, whilst I represented the frustrating and persecuting mother. She used her increasing knowledge gained from lectures and supervision in order to convict me of grave mistakes in my technique, etc. During this period she reacted in a specific manner to remarks which other candidates made about me. Hostile comments made her feel triumphant, they confirmed her own judgement that I was a bad analyst. When she heard appreciative remarks about me, she was proud, and, in her own words, rejoiced in reflected glory. But inside the analytic room I still remained a bad and persecuting object.

The detailed analysis of her relations with me inside and outside the analytic room, with candidates and other analysts, seen in opposition to me, was a hard piece of work for both of us, but allowed us to penetrate to her strong cannibalistic phantasies, which gave rise to paranoid fears of the retaliating mother and to grief and guilt towards the destroyed mother. Depression was denied by the use of schizoid defences, i.e. splitting her feelings and dividing the object into two completely different and

⁶ 'On Losing and Being Lost,' Presented at the 18th International Psycho-Analytical Congress, London, 27 July, 1953.

⁷ Paula Heimann: 'A Contribution to the Re-Evaluation of the Oedipus Complex', Appendix. *Int. J. Psycho-Anal.*, 33, 1952.

unconnected entities. We could deal with many important character problems and social disturbances acted out most clearly and vividly in the transference situation.

In another candidate conflicts about his sibling rivalries came strikingly to the fore when he learned that one of my candidates had resigned from the training. I became then a most evil, castrating and abandoning mother. One of his leading childhood phantasies was that he was his mother's favourite and that his brother did not belong to her at all.

A training analysis offers many occasions to bear in mind Freud's recommendation not to enter into arguments with a patient. Appeals to the intellect are futile and contrary to the nature of the analytic process.

A candidate wanted to know whether I agreed with the lecturer who, according to her, held that nothing can be done with a manic patient. I knew why she was frightened. She herself made much use of manic defences and tried to deny her strong depressive feelings. I interpreted her anxiety that she herself was the unanalysable patient, and also her attempts to make me, one parent, side with her against the other. By the analysis of the unconscious conflicts and anxieties underlying her concern with a theoretical problem she became able to tolerate it as such and wait for future clarification.

III

The specific features of a training analysis—common interest in psycho-analysis, extra-analytic contacts during the training, and the anticipation of future friendship, etc.—promote the tendency to identification in both partners of the relationship.

Identification results from introjection and projection. In introjective identification the subject's ego becomes like that of the object; projective identification renders the object's ego like that of the subject.

When we use terms such as empathy or rapport, we describe the spontaneous and unconscious operation of introjective and projective identification.

Although identification is necessary for the analyst in order to enable him to understand his patient, it hinders understanding if it is not admitted to consciousness and controlled. Unrecognized identification by the analyst is essentially due to a defective sublimation of his own Oedipus complex. He will then become

emotionally involved with his patient and treat him as an ambivalently loved object of the parent and child series, instead of finding his gratifications in the work itself, usually defined as satisfaction of the epistemophilic impulse. The analyst's own conflicts then disturb his counter-transference so that it ceases to function as the sensitive organ bent to receive the communications from the patient's unconscious. I may briefly illustrate this point.

The condition for the analytic work is optimal when the analyst's attention floats freely over the patient's free associations. The relationship between the two partners of the analytic situation is characterized by co-operation. Neither is introjecting or projecting with the motive to dominate the other. When resistance, the hallmark of unconscious anxiety, sets in, the candidate's associations change in certain ways, his communications become obscure or irrelevant, and the analyst registers a change in himself. His former state of free attention has given way to a sense of a barrier, of inhibition, of tension or worry, of lack of clarity in his mental vision, etc. What has happened, as I have experienced in my own work and in supervisions, is that the patient has succeeded in projecting his own resistance, anxiety, and wish to escape from facing his psychic reality into the analyst. The analyst's freedom of thought has ended, because at this moment his ego has become like his patient's ego.

In such situations the analyst must take himself to task and examine his counter-transference. He may discover that he failed to recognize that his patient actually controls him by means of projection. With sharpened attention he will then find the relevant meanings in the patient's association and behaviour, and he will be able to interpret them. It may emerge, for example, that the patient is re-enacting infantile phantasies of anal-sadistic domination, possibly connected with a particular childhood scene. With this realization the disturbance passes, the analyst's attention now again wanders freely, and the work progresses.

It is a matter for the analyst to find out why in this particular situation he did introject his patient and his patient's resistance. But this is his private affair and must not be communicated to the patient. Thanks to this piece of self-analysis he will in future be able to recognize from smaller and earlier signs a patient's actual attempts to project.

It is, perhaps, not unnecessary to add that I am far from explaining every failure of an analyst to understand his patient by the notion of a defensive projection on the part of the patient.

I suggest, however, that if in his *total* attitude the analyst identifies himself with his candidate, he will not notice these sporadic identifications.

IV

Since the analyst must put aside all conscious aims in the analysis, teaching in a training analysis is not done directly. It is inherent in the analytic work. For this reason I am not in favour of using technical terms, except when they are for the candidate the most meaningful description of his feelings.

The analyst needs always to appreciate that his language reveals much of his personality and that it is therefore bound to rouse manifold feelings and phantasies in his candidate. I do not mean that the analyst should adopt an artificial manner, or that the climate of the analytic session should be drab and arid. However, it is not only the content of his interpretations which affects his patient, but also the way he words them.

I have come to curb the tendency to use metaphors and jokes which so often put things in a nutshell, and are the easiest way for the analyst to make his point. I think that, when we appear to be so witty or well read, we have a seductive attitude, and the patient feels stimulated and frustrated in the same way in which as a child he was excited and frustrated by his parents.

There are some aspects of the interpretative work which deserve special attention with regard to the candidate's capacity to learn. If, for example, the candidate feels relieved by an interpretation, this may be due not so much to the insight, which he has gained, but to his taking his analyst's words for a sign of love. His corroborative associations may then above all express a libidinal response to the analyst. These feelings need to be made conscious in order that insight and understanding should become independent of libidinal motives and phantasies.

Conversely, denial and opposition to interpretations may have to be recognized as an anxiety

reaction to an imagined attack, rejection, etc., by the analyst.

Further, I have in mind the interpretative work which deals with the candidate's processes of internalization.

It is widely accepted that the introjection of the analyst is an essential factor in the modification of the patient's superego. According to Melanie Klein⁸ ego and superego formation proceed *pari passu*, interacting with one another, and the introjection of the analyst affects the patient's ego as well as his superego. Beneficial changes in superego and ego presuppose, of course, the working through of the patient's conflicts with his original objects. Without this psychic work, introjection results merely in the patient's replacing his original dependence on his parents by a new dependence on his analyst, and the processes of development and maturation have been by-passed. Introjection on the basis of unresolved ambivalence establishes archaic superego figures, gods and devils, and the ego is impoverished or exhausted by submitting to or rebelling against them. When the ego oscillates between feelings of guilt and feelings of persecution, its exertions may lead to a placatory action, but this neither redeems its sense of guilt, nor does it gratify its urge for sublimation.

Sublimation, as I have tried to show elsewhere,⁹ is based on internal freedom, which is absent when the ego's internal objects are felt as devils or gods. The ego can only live in peace with its superego, assimilate its internal objects and by such assimilation develop its creative capacities, if idealization and persecution have been acknowledged and worked through.

A candidate who accepts his analyst's interpretations and the theoretical teaching from unconscious libidinal motives and in defence against hostility, fear, and doubt, has not achieved sublimation. His insight and former intellectual gains will be lost, when his attitude to his analyst changes and hostility becomes predominant. The situation is comparable to therapeutic success based on suggestion, which lasted only as long as the positive transference prevailed.

The ego develops through introjecting objects from the external world, but the impulses which determine introjection decide whether the intro-

⁸ 'The Psychological Principles of Infant Analysis', *Int. J. Psycho-Anal.*, 7, 1926, and *Psycho-Analysis of Children* (Hogarth: London, 1932.)

⁹ 'A Contribution to the Problem of Sublimation', *Int. J. Psycho-Anal.*, 23, 1942.

jected objects prove ego-syntonic or the reverse, and for that reason the candidate's introjections need *careful analysis*.

In conclusion I shall re-state my main points:

(1) A training analysis presents a number of problems for the analyst which distinguishes it from an ordinary therapeutic analysis.

(2) By consistently analysing the external

interferences from the training course, by turning difficulties into instruments, the analysis is carried to deeper levels.

(3) It is necessary for the analyst to adhere to purely analytic procedure.

(4) The analyst must recognize and master his own problems so that they do not obscure his counter-transference.

THE TRAINING ANALYSIS AND ITS PLACE IN PSYCHO-ANALYTIC TRAINING¹

By GRETE L. BIBRING, M.D., CAMBRIDGE, MASS.

The majority of psycho-analysts agree that the personal analysis represents the most essential part of the preparation for becoming an analyst. But there is also a consensus of opinion that the training analysis *per se*, especially if carried out in large training institutes, shows a number of peculiarities which are apt to complicate its course as compared with the free floating process of the therapeutic analysis of our patients. Some of the factors which I shall discuss in the following pages are of minor significance, others ask for special consideration, and again others may, if well handled, be even of help in mastering this difficult task. Anna Freud is said to have formulated the problem as follows: 'A training analysis is characterized by the analyst's having social contact with his patient and making the major decisions for him'. These major decisions are furthermore aggravated by the fact that the analyst not only interferes with the analysand's own decisions, but—as Kubie pointed out in a panel on Training²—he also loses his position as the neutral and understanding parental figure and turns into the dreaded judge. His expected criticism is anxiously circumvented by the candidate and he is constantly suspected of hostile reactions which may destroy the candidate's training opportunity. Kubie felt that this problem can hardly be solved within the didactic analysis, but may have to await a later, second analysis, after graduation and membership have already been secured. It is certainly correct that the second analysis often proves infinitely easier and may under the circumstances described yield important material which had remained repressed—or even hidden—during the first analytic process; but it does not solve the problem as long as we cannot achieve the paradox of beginning the training with this second analysis.

Others, like Franz Alexander and the Chicago Institute, attempted to circumvent this truly difficult problem by 'removing' the preparatory analysis from the scene of the Institute, admitting applications for candidacy only after the preparatory analysis is completed. I wonder whether this procedure, different as it may appear technically, does really procure what it sets out to do: a greater security for the analysand and less apprehension as to the outcome of the analysis. It does not seem to represent an important difference so far as the candidate's conscious and unconscious anxieties are concerned: whether they refer to the analyst's hostile judgement interfering with the hope of qualifying as an analyst, or with the hope of being accepted by the Institute to which the patient has to apply. It cannot be denied that this arrangement might avoid some problems by postponing the contact with the Institute, but the issue in question will hardly be touched by it.

It may be necessary before discussing these problems further to gain a general view of the various difficulties encountered in the training process:

(1) Our selection of candidates is bound to lead to the *prevalence of character-analyses*. The intricacy of dealing mostly with egosyntonic defence mechanisms becomes even more involved by the *motivation* of many candidates, i.e. to become analysts in the first place and only in the second place to change or to be cured. We cannot deny that this, together with the specific goal of the didactic analysis, which is broader than that of the average therapeutic one, represents a long, arduous, and delicate task.

(2) Further problems arise through the fact that our *training institutes* are constantly increasing in *size and organization*. This

¹ Paper read in the Symposium 'Problems of Psycho-analytic Training', at the 18th International Psycho-Analytical Congress, in London, 28 July 1953.

² Laurence Kubie, *Problems of Training*, Montreal, 1949.

process certainly can best be observed within the American Psychoanalytic Association, where according to Robert Knight's Presidential Address in 1952,³ 485 members in fifteen institutes were faced with the project of 900 candidates in training. If this seems too typical of the American scene to be applicable to any other branch society of the I.P.A., I will only point out that similar trends exist to a somewhat lesser degree in other countries and have to be expected in the future wherever psycho-analysis gains momentum through acceptance by the professional and lay public. The specific questions raised by large, organized institutes are well known:

The *closely knit candidates* represent a highly competitive group, inclined to common acting out, checking each other's progress, comparing their achievements, and with this their fear increases of being rejected on the basis of their analysts' critical attitude, whereas other candidates will certainly be promoted.

They compare their respective analysts, whose highly valued anonymity is in danger of vanishing into the dim prehistoric past. They are inclined to *split off their transference reactions* and to displace them on to the other analytic instructors, in favour of or against their own analysts.

(3) A special place in our considerations has to be made for the use and possible mismanagement of the *training design* as it refers to the relationship of training analysis to (a) theoretical courses; (b) clinical work and how this may interfere with or enhance the personal analysis.

(4) And finally, we have to consider the *termination* of an analysis which aims not only at freedom from symptoms, but far beyond this at an equilibrium and inner resilience in the future analysts which will permit them to comprehend without inhibition unconscious conflicts in others and remain undisturbed in a life-long contact with the acute neurotic phantasies of their patients.

It may be permitted, before taking up these points in detail, to add some remarks concerning the *training-analyst*. For he also, like his candidates, is constantly exposed to the same pressures foreign to the average therapeutic analysis, and the demands thus made on his adaptability are rather great. Only he who has experienced an analytic working day following a public discussion at the Institute, or the like,

in which he has had to encounter himself all the next day seen through the eyes of his many candidates, discussed by them from all angles, as to appearance, age, intellectual performance, personality traits (true and projected)—all this tinged with boundless adoration or bitter sarcasm—this analyst will understand the additional task and commitment of the training analysts. The *narcissistic solution* of accepting the adoration as reality tribute which we deserve and to ward off the criticism as neurotic by the minute analysis of all its details is perhaps very tempting but equally fatal: so, too, would be any inclination to overlook one's own problems of *counter-transference* which are heightened by this general situation and may lead to participation in the acting out process of competing, taking sides, or expecting special loyalty from one's candidates, etc.

It may be interesting to re-evaluate these difficulties created by the social and professional *contact between analyst and candidate*, since they have become almost unavoidable. To what degree do they represent a serious hazard—so far as the candidates' transference relationship is concerned? I am inclined to count them among the students' minor problems, whereas it seems to me that they belong to those factors which contribute to the additional strain to which the training analysts are exposed. According to my experience the first contact outside the hour—and each succeeding different type of contact that follows, anew—have certainly a traumatic effect on most candidates comparable almost to the primordial scene. It nevertheless proves to be relatively easy to work out its true analytic significance if handled well, i.e. with even distribution of our analytic interest on to the positive and negative reactions and without involvement on our part. We shall find that the acute disturbances created by the professional or even social contact—if they arise from the reality situation and are not introduced by the analyst as a special grant—soon recede and give way to the deeper currents in the transference relationship.

There exists another peculiarity in our institutes, which, helpful as it can sometimes be, may also lead to failures: *Committees like the Admissions and Students' Committees* have been established to distribute the burden of work and investment of time which has to be spent in the acceptance of candidates, in direct-

³ Robert Knight, 'The Present Status of Organized Psychoanalysis in the United States,' *J. of the American Psychoanalytic Association*, 1, 1953.

ing them through the phases of their curriculum, and in decisions regarding their graduation. They often permit the individual training analyst to clarify his thinking and gain a helpful perspective on his candidates and to take advantage of the exchange of opinions and impressions of experienced colleagues. But this must not lead to using the committees as a *shield against carrying the full responsibility* before oneself or before the candidate. This, unfortunately, might easily happen. It seems to me that our increasing knowledge of the importance of the early mother-child relationship brought also a growing awareness of the analysand's 'fear of the bad mother' in the transference relationship. This in turn can lead to an attempt by the analyst to avoid as far as possible any direct frustration created by him.⁴ There is hardly any question within the training analysis which is more charged with conflicts than that of the candidate's peculiarities which might interfere with his suitability as an analyst. Thus (especially with students who are hypersensitive or overdemanding, competitive or hostile) this question—and with it its analytic investigation—is often handled over-cautiously, leaving it to the less personal contact with the control analysts or to the almost impersonal contact with the committees to express the necessary criticism and to bear the brunt of the candidates' grievances. But in analysis as in child-rearing the avoidance of important reality factors might only lead to the postponement of the conflict which more often than not may hit equally hard and may then occur at an inopportune moment and in a state of unpreparedness. Considering all this there seems to be no doubt—except in seriously depressed or paranoid cases—that this problem should be handled mainly or as far as possible by the training analyst himself. All this leads directly to the core of our problem of how to deal with the complexities of the didactic analysis, increased and accentuated—not truly created—by the innovations of institute trans-actions. Oddly enough, our considerations bring us back to very basic principles, characteristic at all times for good analytic procedure—doubly important for the optimum solution of the training difficulties.

The commitment of the training analyst to

self-analysis, not only against unconscious object-libidinal conflicts but equally essential—though much more easily disregarded—in connection with his narcissistic needs—cannot be emphasized enough. It is the most effective tool we have against the constant strain to which we and our candidates are exposed in the pathogenic cross-currents of training institutes. To quote the late Siegfried Bernfeld in his summary of this pressing question: 'Self-analysis would be extraordinarily helpful were it not for the counter-transference'. Nevertheless we all have to agree that none of our discussions on training will be of real use if this central requirement is not fulfilled.

To return now to the specific problems of the training analysis: as pointed out before, one of the essential characteristics lies in the fact that frequently the analysand shows few symptoms but a rather well adjusted *system of defences*. To make the latter truly the centre of the first period of the analysis seems indispensable. With it has to go a careful analysis of the *motives* for seeking training and a true *Krankheitseinsicht* for all those conflicts and mechanisms which represent obstacles for future work as an analyst. Only if we take up these questions with a considerable but honest approach, accepting full responsibility for them from the beginning, can we establish a number of indispensable conditions:

(1) We achieve the therapeutic split of the ego,⁵ the exclusive basis through which the essential alliance with the analysand can be formed.

(2) We introduce into the training analysis the waning reality principle for which the analyst stands.

(3) The candidate becomes familiar with the real aspect and the significance of our evaluation and it will thus become his own concern as well as ours. (Even if he is found at this point unsuited for further training, he will be able to tolerate it better under these conditions: it will change from a personal injustice into an objective—though painful—decision in which he participated. Paranoid reactions will be replaced by regret and disappointment.)

Only after these issues are clarified and the leading *mechanisms of defence* in their relationship to the unconscious anxieties relatively well

⁴ Phyllis Greenacre discussed the Counter-Transference aspects of this attitude in a paper presented at the mid-winter meeting, New York, 1952, in the Symposium on 'The Traditional Psychoanalytic Technique and its

Variation'.

⁵ Richard Sterba, 'The Fate of the Ego in Analytic Therapy', *Int. J. Psycho-Anal.*, 15, 1934.

understood, do I consider the beginning of the *theoretical training* more as an asset than a liability. The opinions on the timing of this step differ widely. It has become the rule that the majority of our candidates bring with them to their analysis a more or less coherent system of psycho-analytic concepts. Therefore, in the opinion of some analysts, it seems futile and arbitrary to postpone for them the more adequate and systematic study of analytic theory in our institutes. In spite of the logic in this point of view, one important factor seems neglected by these analysts. Even rather detailed theoretical information can be regarded on the whole as very different in effect if it is acquired before the analytic process sets in. It certainly will be widely used for intellectualization if the candidate is so inclined, but it nevertheless has little specific significance until the process of theoretical learning is combined with that of the personal analysis. We then can observe how the impressions acquired in courses and seminars will invariably appear in the analytic hour and will play an important part as helpful or disturbing elements. It therefore remains worthwhile to consider carefully the effect which the attendance at courses may have on the advance of the analysis no matter how much information has previously been acquired by the candidate prior to his analysis.

As far as the *clinical work* is concerned, two aspects seem to me of importance:

(1) In an attempt to discover the guiding principle in my own decisions regarding the readiness of a candidate for clinical work, I found one common denominator: when his *infantile conflicts in the transference relationship* have become an important part of his analysis, i.e. when they have been experienced and understood by the candidate and when the possibility of being overwhelmed by them or of acting out in this area seems to diminish.

(2) It appears to be a widely practised custom in training programmes for the *personal analysis to continue* at least through the first period of the candidate's *control work*. I would like to emphasize the importance of this arrangement because of its function in the 'working through' of the candidate's own transference problems and thus its significance for the termination of his analysis.

It is my impression that the first control cases, especially in the initial period of the supervised work, offer the ideal possibility for

the candidate to experience his—ye, unsolved—transference relationship in a new and rather helpful perspective. It can best be compared with the sudden awakening of young parents as to the significance of their own relationship to father and mother when all at once facing their new position of being parents themselves. This shift in roles frequently leads to rather characteristic 'counter-transference' patterns towards the child. One of these patterns which I find most interesting is a form of compulsive repetition of one's parents' attitudes—not in the aspects which seemed desirable, but in those to which one objected most. We see relatively frequently, for example, young mothers in analysis whose complaint is that they find themselves helplessly doing exactly the same things which they had criticized up to now in their mothers' behaviour. They do so in spite of the fact that all through childhood they promised themselves never to be like mother and never to do this to their own children when grown up. The basis for this type of undesired identification can be found mainly in the unsolved aggressive and guilt-ridden aspects of the relationship to the parent. Thus it appeared in the analysis of one of my patients in the form of twilight-states in which this very mild-mannered and kind young woman used to attack her crippled daughter in an almost brutal, uncontrollable outburst. These episodes found a natural end—accompanied by intense feelings of relief—only when the little girl lost her patience and violently hit back at mother. The unconscious meaning of the symptoms found its expression in two ways: either it represented the thought: 'I must not have it better than Mother and I have to receive the same hostility from my own child which I felt for her'—which is symbolized by taking mother's place in this scene—or: 'I hope that my daughter will have the strength to punish me, and in me mother, as I did not dare to do when I was young'—which is denoted by the patient's identification with her little daughter.

The very same compulsion of doing to the control patient what the candidate did not want to have done to himself by his training analysis is one of the rather frequent *transference-counter-transference configurations*. Needless to say, there are a number of equally important variations in which the analyst's relationship to his own personal analysis finds its significant expression in his work with

patients.^{6, 7} What I want to emphasize here is that the onset of this transformation from being an analysand-child to becoming an analyst-parent yields a most fruitful opportunity for the candidate to become acutely aware of the whole process and its significance with the possibility of solving important aspects of this pattern in his analysis.

(3) As our last point we must now consider the termination of the training analysis. In 'Analysis Terminable and Interminable',⁸ Freud brought sharply to our attention the problems and pitfalls encountered in closing an analysis in general, as well as more specifically in ending the training analysis. One of the special concerns in the didactic analysis is the impact which the further work in the field will have on its final results. We are accustomed to take this continued contact with the problems of others into account as a possible source of future disturbances. But I would like also to consider here its beneficial effect on the deepening and stabilization of the analyst's self-awareness—in contrast to the more limited gains of the patient for whom contact with analysis ends when his personal analysis is terminated. If constant concentration on the unconscious conflicts of other human beings is to become an advantage instead of a danger, the candidate must have acquired in the course of his didactic analysis the *ability and readiness for self-analysis*. Thus the question of when to terminate an analysis—whose end-phase is not even accentuated by the helpful disappearance of symptoms—has essentially to take into account, in addition to any other important evidence,⁹ the state of the candidate's 'analytic superego'. By this I mean to say that the process of growth, which takes place within any training analysis and which should comprise equally the candidate's feelings of responsibility towards his self-awareness and insight, ought to show unequivocal evidence of

having shifted from the childlike condition of needing the presence of the analyst in order to be concerned with one's psychological processes towards the independent and tenacious interest of the truly mature analyst to promote this knowledge at any price. Only if this change has been clearly initiated do I feel free to consider termination.

I should like to add a few words more concerning a principle which I have learned to apply in almost all my cases of training-analyses. At the point of termination I find it most helpful to acquaint the candidate with the viewpoint that no didactic analysis should be considered definitely ended, but rather that the cessation of regular meetings with the training analyst should be thought of in the light of a *trial interruption*. Then, in retrospectively outlining the achievements of our analytic work and in pointing out the areas where we still have doubt over the success of our effort, we come to an agreement as to when we shall meet again in order to survey the results anew. Usually we shall come to a mutual decision to permit an *interim period of about a year* to elapse during which the freedom from analysis can bring out the candidate's own strength and ability to cope with the emerging problems. I emphasize that he will thereby also have the opportunity to observe where his conflicts concentrate and crystallize and discover in what areas his own problems affect his work with his patients and to what extent his work with patients is affecting his own equilibrium. At the discussion which takes place after this trial period, the candidate and I have a much better opportunity to evaluate whether it will be desirable to continue his analysis for a shorter or longer period, when and under what conditions this could best be done, or whether we feel justified in closing our files on the candidate's *first analysis*.

⁶ Annie Reich, 'On Countertransference', *Int. J. Psycho-Anal.*, 32, 1951.

⁷ Maxwell Gitelson, 'The Emotional Position of the Analyst in the Psycho-analytic Situation', *Int. J. Psycho-Anal.*, 33, 1952.

⁸ S. Freud, 'Analysis Terminable and Interminable', *Int. J. Psycho-Anal.*, 17, 1937.

⁹ Cf. the papers on Termination of Analysis, *Int. J. Psycho-Anal.*, 31, pp. 179-205, 1950.

THERAPEUTIC PROBLEMS IN THE ANALYSIS OF THE 'NORMAL' CANDIDATE¹

By MAXWELL GITELSON, M.D.²

I

In order to consider the problems of the psycho-analytic situation in which the 'normal' candidate becomes involved, it is necessary to have in mind a conception of mental health. Only when we know what our goal is, can we consider the technical problems confronting the training analyst. We assume that it is not simply a question of freedom from symptoms or of 'social' adjustment. It is understood that we are concerned with normality from the standpoint of psycho-analysis.

Ernest Jones approached the question in an essay which was originally intended for general readers.³ He referred to two main groups of definitions of normality: (a) those depending on the criterion of *happiness* and (b) those depending upon *adaptation* to (psychological) reality. The latter 'does not necessarily imply the acceptance of environmental standards, but it does imply a sensitive perception of them and a recognition of their social significance'. This depends on a 'feeling relationship' with other human beings, which 'is to be estimated by the internal freedom of such feeling' as distinguished from surface attitudes of conciliation or self-assertion.

Midway between the concept of happiness and the concept of reality adaptation Jones introduced the concept of '*efficiency*'. This concept depends on a number of factors: normality cannot tolerate a state of excessive influence by others; nor can it dispense with sensitiveness to others; it is dependent on what Jones calls '*gusto*'; it is not concerned solely with external success, but it does require the fullest use of a given individual's powers and talents. The one is born of confidence, the other of fear.

Against this background Jones came to the conclusion that the state of balance in relatively stable persons can be 'unsuspectably precarious' and that this applies to 'apparently normal candidates' in whom 'one is often astonished to observe how a comparatively good functioning of the personality can exist with an extensive neurosis or even psychosis, that is not manifest.'

Up to this point we have been considering truisms. However, Dr. Jones went further toward what is particularly relevant to the topic of this paper: He stated that while a thorough analysis leads to changes of character and intellect in the direction of increased tolerance and open-mindedness, 'there is no motive as a rule to make use of the work done by applying it in detail to the conscious and pre-conscious layers of the mind'. Thus the only thing which distinguishes analysed people, 'including psychoanalysts', from others is 'their greater tolerance in sexual and religious spheres', and the modification of attitudes on subjects directly connected with analytic problems (e.g. mental responsibility for crime). 'In other spheres they seem to form their judgments, or rather to maintain their previous convictions and attitudes, on very much the same line of rationalized prejudices as unanalysed people do.' In short, in his consideration of 'normality' Jones has given us the most difficult of psychological problems, but one which in the training of an analyst we must face, whether we solve it or not, and that is: 'the assessing in the "normal" of the relation between the interests of the individual and those of society'.

Heinz Hartmann, in his more recent discussion of the question of mental health,⁴ was, like Jones, convinced that the more we begin to

¹ Presented in part in the Symposium on Problems of Analytic Training at the 18th International Psycho-Analytical Congress at London, 28 July, 1953.

² Institute for Psychiatric and Psychosomatic Research and Training, Michael Reese Hospital, Chicago.

³ Jones, Ernest: 'The Concept of a Normal Mind', *Int. J. Psycho-Anal.*, 23, (1942). First published in Schmalhausen's 'The Neurotic Age' (1931).

⁴ Hartmann, Heinz: 'Psycho-Analysis and the Concept of Health', *Int. J. Psycho-Anal.*, 20, (1939).

understand the ego and its manœuvres and achievements in dealing with the external world, the more do we tend to make these functions of adaptation the touchstone of the concept of mental health. 'Psycho-Analysis', says Hartmann, 'has witnessed the development of a number of theoretical concepts of health which often lay down very severe standards'.⁵ These have taken two directions—on the one hand emphasizing rational behaviour; on the other hand, instinctual life. This two-fold orientation reflects the two-fold origin of psycho-analysis in the history of thought: rationalism and romanticism. Freud recognized both, but the fact is that theory has often assigned undue prominence to one standpoint at the expense of the other. Hartmann is sceptical of the supremacy of biological values. When this criterion of mental health is dominant we approach dangerously near to that 'malady of the times whose nature it is to worship instinct and pour scorn on reason'. On the other hand, the concept of the 'perfectly rational' man presents us with this complication: 'recognition of reality is not the equivalent of adaptation to reality. The most rational attitude does not necessarily constitute an optimum for the purposes of adaptation'.

Hartmann turned to the co-ordinating or integrative function of the ego as a solution for this dilemma. 'The rational must incorporate the irrational as an element in its design'. Progression in one direction entails regressions in other directions. Applying Waelder's criterion of freedom from anxiety,⁶ he stated that 'the mobility or plasticity of the ego is certainly one of the prerequisites of mental health . . . (but) . . . a healthy ego must be in a position to allow some of its most essential functions, including its "freedom" (from anxiety) to be put out of action occasionally, so that it may abandon itself to "compulsion"'. In other words, it is neither defence nor instinct which are in themselves normal or pathological but rather their contextual balance or imbalance which is the criterion. Thus mechanisms have a positive

value for health; withdrawal from reality may lead to an increased mastery over reality; there are progressive and regressive modes of adaptation. The work of conducting an analysis, as well as undergoing it, are examples of the latter.⁷ Thus, 'a system of regulation operating at the highest level of development is not sufficient to maintain a stable equilibrium; a more primitive system is needed to supplement it'.⁸ In the balanced operation of the personality we expect to find an emotionally 'open' system of communication between the various institutions of the mind, operating through a fluid process of checks and balances among the instinctual and defensive tendencies, so that none is fully isolated, self-operating and self-sustaining.⁹

It is because we have looked upon health in contrast to neurosis that we have failed to appreciate how much these mechanisms and modes of reaction are active in healthy individuals. This is why it is precisely the analysis of conduct adapted to reality which is of such importance.¹⁰

In the end Hartmann came to the conclusion that 'a more attentive examination of the phenomena of adaptation may help us to escape from the opposition between "biological" and "sociological" conceptions of mental development'. There is 'an organization of the organism' which in the mental sphere eventuates in the synthetic and differentiating functions of the ego and is a prerequisite of successful adaptation. Adaptation must be considered against the background of the environment in which it develops. It can be 'appropriate only to a limited range of environmental conditions; successful efforts at adaptation towards specific external situations may, in indirect ways, lead at the same time to inhibitions in adaptation affecting the organism'; and the reverse may be true.¹¹

II

It is generally agreed that the neuroses which come to the psycho-analyst today are different from those of fifty years ago. The manner in

⁵ He would approach the problem from the empirical side and examine, from the standpoint of their structure and development, the personalities of those who are actually considered healthy 'since theoretical standards of health are usually too narrow in so far as they underestimate the great diversity of types which in practice pass as healthy'.

⁶ Waelder, Robert: 'The Problem of Freedom in Psycho-Analysis and the Problem of Reality Testing', *Int. J. Psycho-Anal.*, 17, (1936).

may suggest that capacity or incapacity to tolerate regression is one of the criteria of mental health which is involved in the problem of the type of candidate whom we are discussing.

⁸ Hartmann, *Op. cit.*

⁹ Gitelson, Maxwell: 'The Emotional Position of the Analyst in the Psycho-Analytic Situation', *Int. J. Psycho-Anal.*, 33, (1952).

¹⁰ Hartmann: *Op. cit.*

¹¹ Hartmann: *Op. cit.*

⁷ In advance of the fuller development of my topic, I

which the ego admits, repels, or modifies instinctual claims depends on how it has been taught to regard them by the outside world. The changes which have occurred in moral and ethical outlook reflect themselves in the inconsistency of early educational influences on the child with the consequence that the boundaries between license and deprivation have become blurred and the personality itself has become the carrier of the symptom.¹²

The change in the form of the neuroses has been from those of the transference-type, based on ego-id conflicts, to the narcissistic type, based on ego-superego conflicts. It has been stated that the transference neurosis with its intrapsychic symptoms represents an autoplasmic regression which is harder to treat than the character neurosis, which is looked upon as directed towards an alloplasmic (i.e. 'living out') solution of conflict.¹³ However, this apparent alloplasmic conflict with reality is made up of pathological projections and displacements which are connected with the wishfulfilling orientation of the narcissistically regressed ego; the conflict is not only *truly* intra-psychic, but, in addition, is deprived of that impulsion of the instincts toward objects in the outer world which occurs in the transference neuroses and assists in their cure. The very fact that in the narcissistic neurosis the ego maintains its capacity to perceive and to deal 'adaptively' with external reality makes it possible for the intra-psychic conflict to be laid out on the framework presented by the environment, and to follow there a course which has the aspect of 'normality'.

In 1924 Freud asked the question as to what

circumstances were conducive and by what means the ego succeeds in surviving conflicts without falling ill. His own answers are well known: 'The outcome of such situations will assuredly depend upon economic conditions, and upon the relative strength of the forces striving with one another. And further, it is always possible for the ego to avoid a rupture in any of its relations by deforming itself, submitting to forfeit something of its unity, or in the long run even to being gashed and rent. Thus the illegalities, eccentricities and follies of mankind would fall into a category similar to their sexual perversions, for by accepting them they spare themselves repressions.'¹⁴ I think it follows that one of the important factors in the support of the ego's conflict with the superego, i.e. the maintenance of the narcissistic character defence in the guise of normality, is to be found in the acquiescence of our culture in the phenomena of this defence.

All this by itself would not merit special consideration in a Symposium on Training, since we take it for granted that in the analysis of 'normal' candidates we are confronted by the problem of character analysis. However, because the increase in our knowledge of the economics of the psychic structure has greatly complicated the differential diagnosis between the normal and the pathological, some analysts have begun to despair of the suitability of 'normal' candidates for a career in psychoanalysis. Then, the recent history of the psycho-analytic movement has literally dropped the problem at our doorstep. And finally, as an aspect of that history, the particular ecology of recent candidates has added special problems.¹⁵

¹² For example, in a previous paper (Maxwell Gitelson, 'Intellectuality in the Defense Transference', *Psychiatry*, 7, 1944) I have described a character neurosis in a patient in whom intellectuality was a leading defence. His mother had brought up her children with much serious and earnest discussion and appeals to reason. Anything that could be rationalized could be condoned. For years the patient escaped punishment for a variety of hostile acts against his sister because of clever explanations which were acceptable to the mother. Despite a prudish surface attitude toward sexuality, the mother's self-deluding character had made it possible for the patient to indulge himself erotically with her by engaging her in deviously solemn discussions of the facts of life. Her erotized and barren intellectuality was the end result.

¹³ Alexander, Franz: 'The Neurotic Character', *Int. J. Psycho-Anal.*, 11, (1930).

¹⁴ Freud, Sigmund: 'Neurosis and Psychosis', *Collected Papers*, Vol. II.

¹⁵ In an extension of a report made to the International Educational Commission in Paris in 1938, Anna Freud reviewed in some detail the psychodynamics of the

training analysis in comparison with the therapeutic analysis of the neurotic patient and examined the dynamics as they are influenced by the total training situation. This article ('Probleme der Lehranalyse') appeared in a volume commemorating Max Eitingon and was published in 1949 in Jerusalem by the Israeli Psycho-Analytic Society. It was unknown to me until I read it in a translation prepared and loaned to me by Dr. Paul Kramer of Chicago some months after the present essay had been written, and presented at the 18th International Congress.

There is a degree of overlapping in the theme and in the elaboration of the theme in Anna Freud's paper and mine, particularly as regards what I have called the 'ecology' of present-day candidates. However, in this paper I have given particular attention to the problem introduced into training by the type of candidate who presents a pseudo-normal façade. Thus, Anna Freud (as translated by Dr. Kramer) says that 'the most difficult part of the work (in training analysis) is the process of making the unconscious conscious against the power of the ego resistances'. On the other hand: 'In the analysis of the seriously impaired neurotic the difficulty

Sachs unequivocally ruled out a group with 'too few neurotic symptoms', who were well adapted to reality and outwardly well integrated, but whose narcissistic organization produced too firm a repression of conflict. While they might indeed have a good intellectual grasp of mechanisms and be therapeutically eager, he felt that psycho-analysis could not possibly satisfy their ambition or 'assuage their compassion' while it was very likely to injure their self-esteem and drive them towards one of the schools of 'improved techniques'.¹⁶

Kubie stated: 'Some analysts feel that the persistence of frank symptoms is less important than is the persistence of masked neurotic personality traits. Yet precisely here is where the therapeutic goal becomes most difficult of attainment. . . . It is easy to say that the goal is to spread the domain of conscious control in the student's life, and to shrink to a minimum the domain of unconscious control. But a bright and intelligent student will sometimes unconsciously disguise his subtle neurotic trends, and even make them appear as assets. For some the training analysis is like a successful courtship, during which the student feels happy, relieved, and free from tensions; he is on his way towards his professional goal; he is full of warmth and gratitude to his training analyst. Under such circumstances subtle neurotic mechanisms can be temporarily inactivated (*sic!* I should say, *remain concealed*) only to reappear in later years after the analyst has faced the stresses of his professional life. This is where the therapeutic leverage of the training analysis (of the "normal" candidate) is so often far less than is the leverage of the analysis which has no training implications, even when the instructor is on the lookout for just this difficulty.'

In contemplating this problem 'some instructors and some Institutes feel that the preparatory analysis should be a purely therapeutic venture, undertaken individually by the would-be student . . . and that no application for admission should even be considered until after the candidate has completed a therapeutic analysis. Other

analysts feel that we should admit quite frankly that in most instances the preparatory analysis achieves little therapy except perhaps where there have been frank and painful symptoms.'¹⁷

On the basis of an experience with a patient 'who gave the impression of being relatively symptom-free and well adjusted' and who wanted treatment 'only for professional reasons' Eissler decided for a time that he 'would never again try the analysis of a "normal" person.'¹⁸

Knight, in his Presidential Address¹⁹ before the American Psychoanalytic Association, last December, said among other things: 'Another factor which has been operating in the past decade to alter the character of analytic training and practice also derives from the great increase in numbers of trainees, especially in the post-war period, and from the more structured training of institutes in comparison to the earlier preceptorship type of training. In the 1920's and early 1930's those who undertook psycho-analytic training were of a somewhat different breed from the current crop of candidates. There was in those days less emphasis on selection procedures and many analysts were trained who might today be rejected. Many training analyses were relatively short, and many gifted individuals with definite neuroses or character disorders were trained. They were primarily introspective individuals, inclined to be studious and thoughtful, and tended to be highly individualistic and to limit their social life to clinical and theoretical discussions with colleagues. They read prodigiously and knew the psycho-analytic literature thoroughly.'

'In contrast, perhaps the majority of students of the past decade or so have been "normal" characters, or perhaps one should say had "normal character disorders". They are not introspective, are inclined to read only the literature that is assigned in institute courses, and wish to get through with the training requirements as rapidly as possible. Their interests are primarily clinical rather than research and theoretical. Their motivation for being analysed is more to get through this (*sic*) requirement of

is mainly that of overcoming of the Id resistances through the activity of working through.'

It is the fact that 'seriously neurotic' persons become candidates and that their analyses are further complicated by ecological factors which they exploit and of which the training analyst does not take adequate cognizance, that I am attempting to demonstrate.

¹⁶ Sachs, Hans: 'Observations of a Training Analyst', *Psa. Q.*, 16, (1947).

¹⁷ Kubie, Lawrence: *Special Problems of the Preparatory Analysis*. (Presented mimeographically to the

participants in a Panel on Psychoanalytic Training, Chairman: Karl Menninger, Annual Meeting of the American Psychoanalytic Association, May 1948. (Not published.)

¹⁸ Eissler, Kurt: 'The Effect of the Structure of the Ego on Psychoanalytic Technique', *J. American Psychoanal. Assn.*, 1, (1953).

¹⁹ Knight, Robert: 'The Present Status of Organized Psychoanalysis in the United States', *J. American Psychoanal. Assn.*, 2, (1953).

training rather than to overcome neurotic suffering in themselves or to explore introspectively and with curiosity their own inner selves. Many have had their training largely paid for by the Federal Government, and this factor has added to training problems. The partial capitulation of some institutes arising from numbers of students, from their ambitious haste, and from their tendency to be satisfied with a more superficial grasp of theory, has created some of the training problems we now face.

III

Now, let us glance at the social-cultural situation. I have referred to the fact that while character, ultimately, is rooted in the instincts, its formal qualities belong to a large extent to the external reality of the culture in which it develops and operates. We take for granted that the character and personality of the putative analyst are the product of the interaction of his instincts with the general cultural characteristics of his developmental time and place. However, in the context of the problems of training, we must remember also that the characters of our present-day candidates are also determined, at least in their secondary aspects, by the particular circumstance that they have grown up in an atmosphere of psycho-analysis. Their pre-analytical training goes on in the midst of psycho-analysts and their 'psycho-analytically oriented' colleagues, and under the influence of the various derivations and applications of psycho-analysis, as well as psycho-analysis per se. In short, psycho-analysis has become respectable and 'normal'; it has become a part of the milieu.

The consequence is that a number of artifacts enter into the defensive organization of the ego of candidates which, to say the least, create an additional layer of ego-syntonic resistances. Under the influence of reading, lectures, and sometimes 'wild analysis' by psychiatric colleagues and instructors, candidates now tend to develop a façade of pseudo-normality; due in part to 'inexact interpretations'²⁰ resulting in gratifications and repressions, in part to the development of counter-phobic and denial mechanisms, and in part to the intellectualization of symptoms.²¹ As regards the last, for example, it is not an unusual experience to

encounter applicants for training who will make the most of mild situational tensions and depressive reactions, since it has become current that 'it is all right' to have some neurotic symptoms while 'character problems' are suspect. What may be overlooked is that such an apparent acceptance of the facts of life may actually be the presenting sign of far-reaching character resistances based on submissiveness and acquiescence to authority. It would seem, indeed, that one of the unconscious imagos of authority is now the field of psycho-analysis itself. This appears to be the case even with candidates who sincerely affirm their intellectual acceptance of analysis.

Another artifact which complicates the analysis of all candidates, but I think especially the so-called normal, is the disappearance of the incognito of the analyst. Not only are candidates intellectually immersed in psycho-analysis but also they are surrounded by analysts during their pre-analytic training and often enough in their social activities. Even more pervasive is the fact that in the small world of the training centre the analyst lives in a glass house of gossip, of rumour, and of some known facts. Out of this stem still other consequences:

First of all we encounter phenomena connected with the choice of analyst. To the extent that freedom of choice exists, we see decisions tending to be based on the impression the candidate has had of the analyst in terms of his own neurotic needs. For example, these may be based on the unconscious recognition of a prospect of gratifying unconscious wishes; or the person of the analyst does not threaten the character defences, or even promises to sustain them.²² However, 'choice of analyst' is largely an academic consideration. In most instances this is not feasible and the consequences of the pre-analytic situation are reflected in the phenomena of the analysis itself.

Another situation is this: It is well known that regardless of the rationalizations presented, the choice of psychiatry and psycho-analysis as a career is in the end determined by the person's search for his own integration. In the early days of analysis this was more obvious. To-day, because of the factors I have already discussed and because analysis has been accepted as a valid medical discipline, we see more candidates

²⁰ Glover, Edward: 'The Therapeutic Effect of Inexact Interpretation', *Int. J. Psycho-Anal.*, 12 (1931).

²¹ Reider, Norman: 'The Concept of Normality', *Psa. Q.*, 19 (1950).

²² Thompson, Clara: 'Notes on the Psychoanalytic Significance of the Choice of the Analyst', *Psychiatry*, 1 (1938).

who cannot be so frank and for whom such frankness is unnecessary. They unconsciously attain and can consciously maintain the attitude that they wish to become analysts because they are interested in psychosomatic medicine, or because they are interested in human beings and in what makes them tick. As an added fillip, of course, they may add (with unconscious truth) that they are not quite satisfied with themselves and would like to find out why. What it amounts to, however, is that an unconsciously erected façade of professional or scientific interest is now found to be a usual first line of intellectual defence against unconscious conflict.

Then we must consider that the 'paranoid' defence and the 'manic' defence are more extensively elaborated in the so-called normal character. I have previously alluded to its pseudo-alloplastic nature. Under the circumstances of the opportunity given by such realities as I have described, these defences can attain actual or apparent validation for their still deeper entrenchment. For example, in the cases of candidates with whom I have had professional contacts of the most routine sort prior to their coming into analysis with me, I have seen the largest incidence of first dreams in which I appeared in undisguised form. Such dreams, as I have shown in a previous paper, are prognostic of a difficult, if not impossible analytic situation, due to the fact that the analyst is quite literally reacted to as if he were in fact an ancient and dangerous imago.²³ This has been the case when a pre-analytic teaching situation has resulted in anxiety of expected criticism or suspected disapproval. On the other hand, I have tried to analyse former students whose idealization of me became a difficult initial defence which covered a still more serious resistance in the form of identification and omnipotent denial. The apparently 'normal' activities of such patients, often characterized by considerable 'practical' effectiveness, are displacements or denials of the unconscious object to which libidinal regression has occurred. This is perhaps most clearly seen among those 'phallic characters' for whom the phallus is really an instrument of orality and whose ambition is a substitute for the regression to the oral triad.

The general situation which obtains in the structure of the 'normal character' defence is the basis for these consequences. The libidinal

and the hostile tendencies, as well as the defences against them, are assimilated into and fused in the ego-system so that the person's way of life aims at once to satisfy the instinctual tendencies, to preserve the ego from anxiety, and to fit in with the pattern of the environment. For example, among 'scientifically minded' medical students the attitude of 'critical scrutiny' is highly developed and valued as an important integrative ego function. This certainly belongs to the realities of a career in medicine. However, we know also how effective an instrument it is, often quite subtly used, for ventilating hostility in the service of defence. We are also familiar with those therapeutically oriented and practically ambitious students who live out their reparation and their denial. This makes them more useful citizens perhaps, but their treatment becomes harder. Candidates of this type have great difficulty in surrendering themselves to the uncertain gratification and postponed solutions which effective analysis requires of them. On the other hand, as Sachs has shown,²⁴ they become deeply involved in the prospect of the magical solutions for their guilts and anxieties which certain modifications of analysis seem to offer them.

The distortions and disguises through which the various libidinal and hostile impulses express themselves in the character defence are supported by the very common existence of these tendencies in the present day. These defences favour compromise and ersatz. Their mutual interpersonal utility creates a situation in which the character defence can remain unrecognized as such and can even flourish as alleged normality. Thus in a social setting in which aggressiveness, ambition, and hard work have a high premium attached, a gifted analysand can live through his analysis as he has lived through his life, cleverly disguising his neurosis.

To sum up thus far, we see that the analysis of the 'normal' candidate confronts the analyst with a situation in which the basic conditions of his work are spoiled:

- (1) Normality, a symptom, actually is not suffered from as such. On the contrary, it is capable of earning social rewards of which the first is acceptance as a candidate. To no other symptom does such a large quota of secondary gain attach.
- (2) The defensive system is supported by the

²³ Gitelson, Maxwell: 'The Emotional Position of the Analyst in the Psycho-Analytic Situation', *Int. J.*

Psycho-Anal., 33 (1952).

²⁴ Sachs: *Op. cit.*

general culture and, besides this, is reinforced by the pre-analytic professional experiences of the candidate.

- (3) The analytic situation is contaminated and distorted by adventitious external factors which interfere with the normal development of the transference.

IV

We come now to a consideration of some clinical problems presented by these candidates. First of all, despite overt manifestations of anxiety, they come into their analyses with the psychic mobilization which they have maintained in their general life situations. Their emotional position from the beginning appears in the analysis as a special case of the general character defence and, as I have previously indicated, complicated by special current factors.²⁵

Despite the best intentions, which in some cases are felt as a desire for a better personal integration, the student-patient attempts to accomplish in his relationship to the analyst the same things that he has accomplished in the world at large. In this attempt he follows the pattern which has been more or less successful hitherto in mastering the vicissitudes of his emotional development.²⁶

The various libidinal and hostile impulses do not reappear as themselves, but in their established distortions. As Anna Freud has said, 'in extreme cases the instinctual impulse itself never enters into the transference at all but only the specific defence adopted by the ego against some positive or negative attitude of the libido'. Insistence on the fundamental rule of free association is quite ineffectual with these patients.²⁷

Fenichel²⁸ has stated that the formation of the character traits and their maintenance corresponds to a single massive act of repression which makes possible the later avoidance of single definite acts of repression. Thus separate anxiety situations are avoided because such chronic anchorages of instinctual defence are

worked into the ego and not experienced as ego-dystonic. This is what produces the relative constancy of the 'defensive attitude, and which establishes the 'sign' of the personality, no matter how different are the demands from the unconscious and from reality.

Fenichel also has cautioned us against taking at their face value that behaviour of the allegedly normal which appears to give the impression of satisfying instincts rather than repressing them. Thus we know how inhibitions may lead to counterphobic attitudes and these, in turn, to other inhibitions or reaction formations: while the maintenance of the defence of one instinct may involve the expression of another. As an example, we have observed how the ego can assimilate genital sexuality with apparent normality while actually employing it in the service of pregenital instincts which are themselves repressed.

It was Fenichel's opinion that the distinction between the rigid character defence, which I have been discussing, and a mobile transference resistance is dependent, in the first instance, on a fixation on part objects (and indifference to the whole object) which themselves are used only to relieve an endopsychic conflict and, in the second instance, on relationships to whole objects.²⁹ In other words, the analysands with whom we are concerned suffer from narcissistic problems which render them at first incapable of developing a true transference neurosis. They are regressed from the genital position and, to begin with, they not only continue their defences against pre-genital impulses, but also, against the transference, in which these would, of course, have to appear.

A technical digression may be worthwhile here: The resistance to the transference which I have just referred to arises (as Anna Freud stated in her contribution to the Eitingon Memorial Volume) from the threat that analysis brings to the ego that it may be deposed from its hard-earned seat on the throne of reality. It is necessary to remember, however, that in such situations the resistance is quite often an id

²⁵ As an example, I may cite an analysand who had known about me for some time and whom I had encountered socially on two occasions prior to his beginning analysis with me. For years the patient addressed me by the short form of my given name. This familiarity happened to be an index to a general character defence which, at the nearest level, served against his castration anxiety, and more deeply, as a 'handle' by means of which he negated his separation fear. Characterologically it had entered into his false self-esteem and his cynical depreciation of others.

²⁶ Thus an analysand whose previously successful career had been characterized by an attitude of eagerness to be useful and co-operative presented the following first dream: *The patient enters the analyst's office and sees him, as himself. He is suffering from a toothache. The patient comforts him.*

²⁷ Freud, Anna: *The Ego and the Mechanisms of Defence*. (Hogarth Press, 1937.)

²⁸ Fenichel, Otto: 'Ego Disturbances and Their Treatment', *Int. J. Psycho-Anal.*, 19 (1938).

²⁹ *Ibid.*

resistance, that is, it is a defence against giving up the clandestine gratifications of the oral triad³⁰ which the 'normal' in particular succeed in repressing. This is achieved behind the façade of normality.

Another technical consideration at this point is concerned with the superego's rôle in the analysis of such candidates. If they are looked upon as students rather than patients, and 'active' measures are taken (even if this be only a tensional attitude of 'concern' or impatience on the part of the analyst) in the hope of accelerating the analysis, there will be a serious interference with the normal development of the transference neurosis. In effect, the analysand is under a constant superego injunction to be 'up and at 'em'. The therapeutic split, which permits the patient to regress libidinally in the transference while ego regression remains minimal, is made difficult if not impossible. We find here the chief indication for passivity in technique. All of this faces us with the need for analysing the 'living out' of the neurosis in the atmosphere of the training situation and the 'training analysis'.

Now, we must consider the problem which Freud first discussed in 'Analysis, Terminable and Interminable',³¹ in its bearing on the clinical problem presented by the 'normal' candidate. As you will remember, Freud raised these questions regarding the obstacles to cure. He asked: (1) Is it really possible to resolve an instinctual conflict; (2) Can we inoculate patients against any other instinctual conflicts in the future; and finally he asked: (3) Can a pathogenic conflict be stirred up for prophylactic purposes? His answer to all these questions was in the negative.

But Fenichel saw it differently. He felt that instincts are invulnerable only when barred from

discharge. It is a question of the relative strength of the instinct and this can be diminished through the partial satisfactions which occur in analysis. While admittedly it is not possible to resolve all the unsettled instinctual claims of the past, the more insistent remaining claims can be settled. When these are solidified in the structure of the character, then it is necessary to tackle them at the beginning.³² Fenichel is here referring to the whole technique of ego-analysis which, in the case of candidates, includes as a first step the meticulous effort to resolve that part of their defences which has gained strength from the ecology of their pre-analytic experience. This includes the analysis of the very choice of psychoanalysis as a career.³³

This brings us to the most serious of the questions raised by Freud: Are we ethically warranted and is it technically possible to turn an unconscious conflict into a conscious conflict? Unless there is already evidence which forces us to decide to terminate the analysis, and to advise the patient to give up the idea of training, we must consider the possibility suggested by Fenichel that it is not a matter of creating new conflicts but of mobilizing latent ones.³⁴ Of these there are always *small signs* even though the ego ignores them. By treating these signs as resistances it may be possible to demonstrate ultimately the fact of conflict and to bring it into analysis.³⁵

In recent years there have been various technical proposals made to accomplish this end. Most prominent are those that have had as their objective the *active* mobilization of latent conflicts. These have been characterized by manoeuvres intended to manipulate the transference, or as has been recently stated, 'to change the therapeutic environment as required in order to activate trends in the patient which

³⁰ Lewin, Bertram D.: *Psychoanalysis of the Elations*. (New York, W. W. Norton and Co., 1950.)

³¹ Freud, Sigmund: 'Analysis Terminable and Interminable', *Collected Papers*, Vol. V.

³² Fenichel, Otto: 'Problems of Psychoanalytic Technique', *Psy. Q.*, 8 (1939).

³³ For example, a candidate whose training was finally interrupted, had come to his analysis with the common enough claim that he had no symptoms; his family life was satisfactory; he had been very successful in another field of medicine; he had become interested in psychoanalysis while in the army, through seeing analytically trained psychiatrists at work; he had been an avid psychiatric resident. He wished nothing else than to become an analyst and within three months was requesting that he be permitted to start didactic work. This request was chronic throughout the two and a half years of his analysis, despite the fact that there was no dynamic progress and the patient's external gains were based

exclusively on identification with me. The focus on analysis as a career constituted a resistance which was not solved. I could not continue the attempt at its solution because of threatening developments which made a compromise advisable.

³⁴ *Ibid.*

³⁵ An example is the case of a phallic character who had successfully lived out his denial of castration fear and was looked upon as 'normal' by himself and others. His first analysis seemed successful until difficulties in his work, which he valued highly, forced him into a second analysis. Only then was it possible to enlist him in the analysis of a smile which had been the occasional preface to the first verbalizations of his hours. This symptom, previously not admitted as such, now became a source of conscious discomfort. Its analysis led to his previously unconscious hatred and fear of women and the oral-sadistic fixation to his mother.

may lead to the necessary therapeutic experience'. It has been proposed that 'only thus can we bring the doctor-patient into the situation where he will accept himself as just another patient in analysis.'³⁶ This type of endeavour leads only to the deeper entrenchment of the narcissistic defences since it, in effect, reduplicates parental manipulations which in the first place play a large rôle in the creation of the neurosis of the 'normal' adult.

The type of candidate whom I have been discussing comes to his analysis prepared to deal with its problems in the same way he has dealt with his developmental vicissitudes and with their repetitions in his later adult life. If the analyst is to obtain therapeutic leverage he must try to correct for the analytic situation the 'spoiling' which I have suggested occurs in the pre-analytic milieu. He cannot do this by carrying into the analytic situation the attitudes and techniques of that milieu. The hope of the analytic situation lies in the possibility of effecting a differentiation between it and the atmosphere of the candidate's past life. This idea must not be confused with the idea of the planned creation of a 'corrective emotional experience'. The latter is narrowly conceived as being directed against the presumptive pathogenic effect of a significant figure of the patient's childhood. The correction to which I refer has to be applied against the distortion of reality produced by the culture in which the details of the character defence have been acquired. It is, therefore, concerned with the institution of a learning process which goes on during a prolonged initial period of 'testing', during which the validity of the analytic situation establishes itself. The patient must prove its 'difference'.

I have seen such testing go on for several years before the patient dared to allow himself to experience the transference situation as we see it in the transference neurosis. 'One such patient at last exclaimed, 'It's a tremendous realization to see finally that you really mean this!' He was referring to the fact that he had in the end not succeeded in exploiting the relationship with me as he had in his previous relationships. He had carried concealed in him the deep conviction that analysis was really not what it 'pretended' to be, that it was 'just another racket', though a fascinating one.

It is during this initial phase of the analysis,

but only after the patient's testing of the analytic reality and of the analyst's integrity has gone some distance, that one begins the cautious analysis of the various ego derivatives of the instincts. Only as the patient begins to believe that the analyst 'means it' does the analyst begin to stand in the position of an auxiliary ego which enables the patient to take that distance from himself, which makes possible the analysis of the 'small signs'.³⁷ The 'normal' candidate is, to begin with, characterized by the shortness of this distance. He believes that he wants to be an analyst; he believes that he wants to do research; he believes that he wants to help people. He does not feel ill. Nevertheless, one such candidate who came for a second analysis said to me: 'This time I want it to be for me'!

Another candidate, in a second analysis, who still adhered to the attitude with which he had gone through the first one, namely, that he wanted it only to qualify for his examination, at last presented the following dream:

The patient enters the office for his hour. The chair and couch are interchanged and the foot of the couch is towards the chair. The analyst is already seated, and to his right, in the other half of the room, is a class of students. The issue for the patient seems to be whether to lie down with his head or feet towards the analyst. The analyst tells the patient that the latter has been tried by others before but that it does not work.

The fact is that my office is arranged so that there is an 'analytic half' at one end of an elongated room and a 'consultation half' with several chairs at the other end, my desk being in the centre. The analysand knew that students whom I saw in supervision sat in the chairs of the 'consultation half'. In the dream the reversal of the analytic chair and the couch has resulted in putting me 'in the middle' between the couch and the class of students.

Associations: A female patient, who was presented at a diagnostic seminar, had reported that after unsatisfactory intercourse she scratched various parts of her body until orgasm occurred. During the seminar, when the instructor had momentarily left the room, my analysand had acted as if it was immaterial whether he was there or not and had taken up the interrogation of the patient. Looking back upon the episode it struck the analysand that it would have been a compliment to the instructor for him to have waited for his return.

"When the patient was very young he used to lie in bed with his mother when she was resting, and

³⁶ Grotjahn, Martin: *Recent Trends in Psychoanalytic Training*; presented at the Panel on Training, 1953 Annual Meeting, American Psychoanalytic Association.

³⁷ Sterba, Richard: 'The Fate of the Ego in Analytic Therapy', *Int. J. Psycho-Anal.*, 15 (1934).

often she would hold his hand and drum on it with her finger tips. During his early teens, when his mother was resting in bed, he followed the example of an older brother and would lie on top of the bed clothes, with his head at the foot of the bed, and carry on conversations with her.

In a recent conversation with another young analyst, who was also in his second analysis, the latter had said it was practically inevitable that the first analysis should be contaminated by the fact that it was looked upon as a learning process rather than a treatment. Another young colleague had responded to this with a statement to the effect that it was up to the analyst to be aware of this attitude and to force the student-patient to deal with it as a defence.

The night of the dream the analysand's wife had playfully put her feet on his abdomen. This was the precipitating event for the dream.

Somewhere he had heard an older analyst make an exceedingly keen remark—that it was harder to love one person than to love everybody. To love everybody means nothing at all; to be able to love one person fully means everything.

Lying with his feet toward me brings to mind the idea of stamping on me and, as he says this, he jerks his feet, which reminds him of the characteristic kicking together of his feet when he has felt annoyed with interpretations connected with passive attitudes towards me. Then he speaks jokingly of wanting to play footsie with me and at this point his left ear, the one towards me, begins to itch and he has the impulse to scratch it—which again reminds him of the patient who produced orgasm by scratching. The class of students now reminds him of the times when he had attended conferences conducted by me.

It seems unnecessary to point out that this patient has mobilized his old 'student' defence against the classical transference situation which was beginning to develop in the context of a consistent management of the character resistances. In this context too the hostile denial of the libidinal transference also appeared.

This case example brings up another problem of particular importance with the 'normal' candidate. That is, there are disadvantages in the effort to deal with the type of ego-defences they present, when their analyses are conducted

by 'teacher-analysts'. I have sometimes tried to deal with this problem by saying at the beginning of the analysis that, first of all, I was interested in the patient's health. But I have found that the candidate has taken this with a grain of salt and incorporated it into his defensive doubt of my sincerity. In the end he has had to discover for himself that I 'meant' it.

V

The problems in the analysis of the 'normal' candidate may now be summed up as follows:

- (1) There is an actual disturbance in his 'feeling relationship' (Jones). He lives in terms of a façade whose structure is patterned by his environment. This provides opportunistic gratification of his instincts by virtue of their imbrication with the demands of his environment.
- (2) This is the final consequence of the development of an 'adapted' personality — 'an organization of the organism', as Hartmann put it, whose adaptation is appropriate to its culture and thus passes as normal. But it is not adapted to psycho-analysis which needs to be free from the gravitational pull of a particular culture and which is incompatible with opportunism and compromise.
- (3) It becomes the task of analysis to provide first of all an opportunity to test out a new reality—the analytic situation, to establish its integrity, and to prove its relevance to the basic nature of the person. In this context, and looking upon the culturally determined 'normal' behaviour as itself a resistance, we may attempt to mobilize conflict made latent by the culture and thus, in the end, analyse the vicissitudes of the libido itself.

This is a large order. We may not be able to fill it. But our candidates, as we find them, are the future of psycho-analysis. We cannot sidestep our responsibility for trying to insure that future.

PROBLEMS OF PSYCHO-ANALYTIC TRAINING¹

By JEANNE LAMPL-DE GROOT, AMSTERDAM

It is remarkable that the four speakers concentrate mainly on two fields of training activities: (1) the Selection of Candidates, and (2) the Problems of Training-Analysis.

The other part of the programme, the theoretical and practical teaching in lectures and seminars and the supervision of treatments, are left out of consideration. This fact demonstrates that there is general agreement as to the overwhelming importance of the candidate's personal analysis in the training procedure.

Though I share this opinion completely, I think that we should not altogether neglect the value of an efficiently composed programme of courses on theory. Instead of giving positive suggestions, which would take up too much time, I want to mention only two difficulties which might impair the efficiency of the theoretical teaching; one on the part of the students, the second on the part of the teachers.

Many students join the courses expecting that they will be able to learn the whole of psycho-analytic theory during this teaching. I think it is necessary to fight this misconception by stressing over and over again the fact that courses are only able to stimulate the candidate to serious study of the analytic literature.

Some teachers tend from the very beginning to present to the students criticisms and deviations of the analytic theory. Such teachers seem to be afraid of being called 'orthodox Freudians'. They overlook the fact that the students usually become confused by this teaching. The Dutch Training Institute therefore decided to present to the students in the first two years the development of Freud's theory, the basic concepts and writings. Only in the last year are differences and deviations brought forward and broadly discussed.

Supervision, too, is an important part of training, not only to teach technique, but also as a means of judging the candidate's capacities and progress. I cannot go into further details here.

Before entering into the problems of the training analysis, I want to say a few words about the first point: the choice of candidates for admission.

Two of the four speakers in to-day's symposium take up the problem of the suitability of students.

Dr. Heimann presents us with seven criteria for the acceptance of candidates. I can agree with all of them, though I share Dr. Balint's opinion that the rules of admission to training are rather vague, intuitive, and 'haphazard' as he puts it. Nevertheless I want to add one other (vague) point to Dr. Heimann's: In my opinion integrity of character is indispensable for the future analyst. I am aware that I shall be blamed for bringing moral principles to the fore. However, as analysts are treating human beings therapeutically their behaviour has to be guided by medical ethics. It is a pity that we do not possess an objective criterion of a person's integrity. Our inability to define objectively the suitability of psycho-analysts for the profession is inherent in the nature of that profession, which works with feelings, needs, impulses, values, in short with human mental processes.

Although only Dr. Heimann gives a list of criteria for admission, all the speakers seem to be in agreement as to the necessity of serious selection. Dr. Gitelson stresses the difficulty of the problem that in many Institutes a large and ever-increasing number of students is applying for training, wishing 'to get through with it as rapidly as possible' and pretending to be 'normal'. Perhaps Dr. Grete Bibring is right in saying that this might be a more pronounced problem in America. Nevertheless there are also European groups contending with the same difficulty and, as in some American Institutes, the temptation to capitulate to the pressure of the multitudes of applicants is great. It seems highly questionable whether it is advisable to yield to this pressure. The Dutch

¹ Paper read as introduction to the discussion of the Symposium 'Problems of Psycho-analytic Training' at

the 18th International Psycho-Analytical Congress in London on 28 July, 1953.

Institute, for example, which originally welcomed the increase of applications, experiences more and more the disadvantages of having accepted candidates who later proved more or less unsuitable for analytic work. The Training Committee has now abandoned this mistaken attitude. For the sake of psycho-analysis as a science and as a therapy as well as for that of the student himself, we prefer to reject an applicant rather than to educate inefficient persons. A small group of efficient workers is more valuable than a large group of mediocre members.

We now come to the main theme of the symposium: the training-analysis.

All participants in the symposium agree in the view that the training-analysis is the most important part of the training, but that it is full of difficult problems.

There is also agreement on the three following points:

- (1) the technique is in principle the same as with a therapeutic analysis;
- (2) the training analysis has different aims. It does not terminate when neurotic symptoms are removed, as a therapeutic analysis usually does. It has to go further, 'deeper' as Dr. Heimann puts it; it tends to a 'supertherapy' as Dr. Balint says; it must be a 'character analysis', to use the words of Dr. Gitelson and Dr. Bibring.
- (3) A special difficulty of the training analysis is that it takes place under conditions quite different from the well-known set-up of the psycho-analytic situation. These conditions are consequences of two sets of events:

(a) The analysand occasionally meets his analyst in courses, seminars, and meetings, and he knows a good deal of his personal circumstances, peculiarities, and scientific convictions.

(b) The analyst has to judge his analysand's suitability and capacities and to decide at what point of time he may be allowed to start the theoretical and practical training.

In a lecture at the Amsterdam Institute, Anna Freud once presented a clear and colourful picture of the different ways in which the training-analyst is bound to offend against the classical rules of technique.

To-day's speakers give their views on this

difficult point which undoubtedly has to be considered seriously.

I personally agree with Dr. Heimann and Dr. Bibring that the problems concerning the encounter of analyst and analysand outside the analytic situation are minor ones. It is more of a problem and a burden for the training-analyst as it demands the latter's skill, self-knowledge, and self-control to help the analysand to overcome the resistances awakened by and attached to the extra-analytic encounter. The major difficulty seems to lie in the analyst's task of deciding on his analysand's status and progress in training. This problem was strongly felt by some members of the Dutch group as well. However, as the analyst's opinion on the student's capacities and personality proves to be indispensable for judging the candidate's suitability, the only possible way of meeting this problem seems to be its most careful and rightly timed handling in the analytic situation. It may happen that a candidate's distrust and oppositional hostility cannot be overcome. The analyst should then look for a disturbing element from his side and eventually send the analysand in question to another training-analyst. In case of another failure with the second analyst I think we are entitled to assume that the analysand is unsuitable for the psycho-analytic profession. We ought then to have the courage to reject him as a candidate.

I now come to the most problematic point: the special aims of a training-analysis and its differences from a therapeutic analysis as a consequence of these aims.

Dr. Balint has pictured the changing claims made upon the future analyst's analysis during the development of psycho-analysis. Experience has taught that neither the curing of neurotic symptoms nor the additional demonstration of psychic mechanisms in a short analysis are sufficient preparation for the future analyst's task.

What more do we have to do? What does a 'deeper' analysis, a 'character-analysis', a 'research-analysis', mean?

I suppose most of us have almost the same aims in mind, though the descriptions may be different. We are not content with merely liberating the warded-off instinctual and affective life of our analysand. In addition, we want to supply him with the most thorough knowledge of his personality-structure, his capacities, peculiarities, and limitations. This means that we shall have to bestow great care on his

ego-analysis. We shall try to pursue the development of the ego, of its capacities, its reactions, its mechanisms of regulation, adaptation, and defence in connexion with the influence of the environment and the demands of the instinctual drives, both in the normal and the abnormal. We shall have to pay special attention to fixations on and regressions to early stages of ego-development, because these processes have caused ego-restrictions and distortions which often produce blind spots and handicaps in the analytic work.

In this part of our training work we meet with a special problem, a magnified difficulty of ego-analysis in general, already described by Anna Freud (in *The Ego and the Mechanisms of Defence*). In analysing id-contents, the analyst can count on the patient's co-operation, because impulses and affects strive to penetrate into consciousness. In ego-analysis the patient begins to refuse each corroboration, defending the position of his reaction-formations and defence-mechanisms in order to protect himself against anxiety raised by inner and outer danger-situations. In a therapeutic analysis we only handle the ego-attitudes involved in the neurosis and constituting a hindrance against the patient's recovery. In the training-analysis we have an additional task. We try to give the candidate insight into the development of all ego-attitudes, peculiarities and deformities of character, etc., even when he does not suffer from them. It is quite clear that without the stimulation of suffering, the resistance to co-operation with the analyst is still much stronger than with patients who suffer severely. Consequently, the analytic work in a training-analysis may be more time-consuming, calling for still more patience and for uninterrupted contact within the analytic situation. Therefore the indications seem against reducing the number of weekly sessions or their length, as is sometimes recommended.

I am quite aware that I have put before you an ideal situation, and I think you will blame me for making such high demands on our poor students. It really seems necessary to reflect upon this situation, to ask ourselves whether it is advisable to run after ideals that will never be realized, and to question whether it would not be wiser to return to the period of pure instruction in the analyses of candidates.

Though this would certainly be the easier way, I think it is our duty not to yield to this temptation, but to continue to strive for a most thorough ego-analysis in spite of the knowledge

that an ideal solution will never be reached. A justification for this striving is found in our daily observation of our patients, our students, our control cases, and last but not least of ourselves.

Time and again we meet with failures in the analytic work due to the circumstance that the analyst reacts to the analytical situation with unresolved conflicts of his own, with a blind spot resulting from unknown ego-attitudes, fixated unconscious defence-mechanisms, and the like. These difficulties may present themselves as an uncontrolled counter-transference as pictured by to-day's speakers (and also by Annie Reich in a very interesting paper in the *Journal of Psycho-analysis*, 1951), or simply in a limited understanding or dull incomprehension of certain psychic events.

Every normal reaction-formation and defence-mechanism can grow into a pathological limitation of personality. One example, for instance, is to be found in the process of denial, so common a defence in a child exposed to strong anxieties. An analyst who has not mastered his own mechanism of denial is limited in his recognition of reality-factors. Consequently he is unable to see his patient's lack of reality-sense in its real proportions.

Instead of continuing the long list of ego-limitations, possibly disturbing, the analytic work, I want to depict one other psychic situation that may lead to fateful failures.

A very frequent reaction to disappointments and narcissistic injuries in a child is the mobilizing of phantasies of grandeur and omnipotence. We call these phantasies normal mental products in a certain stage of development, the stage of magic thinking in ego-development corresponding with and reacting to the aggressive craving for power from the side of the id, in the pre-oedipal (anal) phase. The same is valid for the ambitious phantasies of puberty. Only when the infantile feelings of grandeur have become unconsciously fixated do they prevent an adult person from seeing reality and acting accordingly. The overvaluation of the self is then used as a defence mechanism not only against disappointments from the environment but also against inner feelings of inferiority. The fixated primitive form of this mechanism acquires the character of a delusion. The person in question feels offended, maltreated, persecuted, and reacts with hostility and aggression. When it covers only a part of the personality and leaves part of the reality-sense intact, it causes

no severe disturbance. But it remains a danger, as it usually strives for extension. This psychic process is especially dangerous for the analyst. I remind you of Freud's words: 'Analysing spoils the analyst's character'. (*Das Analysieren verdirbt den Charakter des Analytikers*). The analytic situation, in which the analyst is the leader, the patient's confidant, the object of the patient's love, admiration, and infantile adoration, is a real temptation to the analyst to mobilize his own feelings of grandeur and to overrate himself. Therefore it seems to be of extreme importance for the analyst to know his own personality in its actual proportions, his capacities as well as his limitations and his faults.

I have returned to the high demands made upon the training analysis of future analysts. In the meantime you will certainly have thought that these claims should not be addressed primarily to the students, but in the first place to the training-analysts. I am in full agreement. In organizing our training, we should first of all look for competent training-analysts. The training-analyst has to live up to the demands of

self-knowledge as far as possible. Here I come very close to Dr. Bibring's remarks on this topic. She recommends that the training-analyst should accomplish this task by means of a self-analysis. This is certainly good advice. However, I think we cannot expect too much from it. 'The drawback of self-analysis is really the counter-transference'; this means that self-love easily prevents us from seeing our own shortcomings. Each of us has his own particular blind spots.

In my opinion, training-analysts would be wiser to hold to Freud's advice² to take up from time to time their personal analysis. In addition, and in the case that outer circumstances prevent the training-analyst from resuming his own analysis, he should take every care to examine his own behaviour, to recognize his wishful thinking, his strivings for grandeur, his character peculiarities, etc. By seeing his own limitations clearly, the training analyst, on his part, creates the most favourable situation for making the best of the co-operative work with the future analyst.

² In 'Analysis Terminable and Interminable', *Coll. Papers*, V.

SOME REMARKS ON DEFENCES, AUTONOMOUS EGO AND PSYCHO-ANALYTIC TECHNIQUE¹

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I. HISTORICAL INTRODUCTION

Psycho-analytic treatment since its very beginning has been used as an experimental set-up which permits generalizations applicable not only to therapy and to psychopathology, but beyond these, to normal psychology as well. The present report will take account of all these aspects of psycho-analysis.

In most of the fundamental and pathogenic conflicts which he found to be at the origin of neurotic disorders, Freud studied at first more completely that side of the conflict which encompassed the instinctual drives. The study of the forces opposing the drives was undertaken later. These forces are observable, in the experimental set-up represented by the psycho-analytic treatment, in the phenomena of resistance. Although the concept of defence mechanisms in the pathogenesis of neuroses had been used by Freud very early, and although the study of the main defence mechanism (repression) was very far advanced (12), the application of this concept to psycho-analytic technique did not go beyond a purely descriptive classification of resistances.

Freud's theoretical contributions in the 'twenties brought about a decisive advance (14, 15, 16). His reformulation of the theory of anxiety—leading from, as it were, a physiological to a more biological plane (Kris, 30)—was better apt to describe man in relation to his environment. Furthermore, by introducing the structural point of view, Freud created the conceptual tools necessary for this shift. The introduction of the concepts of id, ego, and super-ego permitted a more adequate description of the psychic functions of man within his physical, biological, and social environment. Moreover, the conception of anxiety as a signal of danger encompassed the individual history of danger situations and, consequently, of motives for defence. Thus it laid the basis for our present concept of defence mechanisms; i.e. of

the various means by which the ego deals with the outside world, the instinctual drives and the moral forces within.

Among the authors who in the late 'twenties and the 'thirties contributed in important degree to the application of these advances in ego psychology to the psycho-analytic technique, I should like to mention here Franz Alexander (1), Wilhelm Reich (39, 40), and, most particularly, Anna Freud (8). Anna Freud's contribution has been the most decisive and the most fruitful for the progress in psychopathology and normal psychology, as well as in psycho-analytic technique.

Turning now to the more recent developments in the field of ego psychology, I have time only to emphasize Hartmann's concept of the conflictless sphere of the ego, or, as he has since decided to call it, of the autonomous ego functions (22, 23, 25). I believe that we can apply this concept with great advantage to the understanding of certain problems of psycho-analytic technique.

II. APPLICATIONS TO TECHNIQUE

1. *Defence Mechanisms in the Analytic Situation*

We know that a precondition for psycho-analytic work is a certain integrity of the patient's ego, whose alliance with the analyst is essential for the success of the psycho-analytic treatment (13). This alliance enables the patient to overcome his unconscious resistances against the treatment and the cure (41). It is obvious that this alliance is not made with that unconscious part of the patient's ego which comprises the defences, but with its conflictless sphere. Indeed, the intactness of the patient's perceptions, of his memory, his thinking, his reality testing, of his capacity for self-observation and understanding of others, and of his faculty for verbal expression, is indispensable in psycho-analysis. To be sure, we know that our

¹ Paper read in the Symposium 'Mechanisms of Defence and their Place in Psycho-Analytic Technique',

at the 18th International Psycho-Analytical Congress in London on 29 July, 1953.

alliance with the patient's autonomous ego would be precarious without the transference; i.e. without the tendency of the drives to come to the fore, to find gratifications in the outside world. It is in the analysis that one best observes how much the functioning of the autonomous ego can be impaired by the unconscious. But, on the other hand, we know that only this alliance with the patient's intact ego functions permits us to overcome the power of his resistance.

In the analytic situation, the analyst plays a double role for the patient. From the point of view of the id, he becomes the object of his drives in the transference. From the point of view of the ego, the analyst represents to the patient an additional, autonomous ego more capable than his own of resisting the distorting influence both of the defences and of the drives. The analyst himself works with relatively intact autonomous functions, provided they are not impaired by counter-transference (36).

Essentially, the task of the psycho-analytic treatment has been defined as enabling the patient to find a new solution to the pathogenic conflicts which formerly had led to neurotic symptoms. This is achieved by submitting the patient's conflict between his drives and defences to the scrutiny of his autonomous ego. By this means, and with the aid of the analyst's autonomous ego, the patient attains a better tolerance for the pressures of his id, which before had been warded off by unconscious defence. Both the instinctual drives and the defence must be brought to consciousness; that is to say, subjected to the scrutiny of the autonomous ego.

2. *Relationship between Defence Mechanisms and Resistances*

Although the ego defences might be said to represent the bulk of resistance to psycho-analytic treatment (8), two considerations should be kept in mind. Resistances may also be due to instinctual drives. I need only mention, for example, the patient's intolerance to libidinal frustration, or illness as a source of masochistic or of aggressive gratification, etc.² On the other hand, it is an essential condition for the treatment that a certain degree of defence be maintained in the analytic situation. The patient is able to overcome his defences, to gain insight and to give verbal expression to warded-off drives, provided that defence is maintained

against action, that is, against actual sexual or aggressive gratifications in the analytic situation. It is the patient's awareness that such transgression into action will not take place which permits the partial lifting of defences that is aimed at in analysis.

3. *The Influence of Ego Psychology on Psycho-analytic Technique*

The study of defence mechanisms has been an essential part of the much wider field of ego-psychological investigation. These studies have had a very significant influence on psycho-analytic technique, and in discussing them we cannot limit ourselves to the defensive aspect of the ego alone. Ego psychology has greatly increased our understanding of the analytic procedure itself; it has enabled us to proceed with greater ease and assurance in that part of our work which we place under the heading of analysis of resistances; it has improved our therapeutic results in many instances; it has made accessible to analysis cases and symptoms where otherwise no results could be obtained. The better understanding we have thus gained of the analytic procedure and method has, in its turn, enriched our knowledge in the realm of pathological and normal psychology (3, 4, 5, 8, 15, 19, 24, 28, 34, 35, 38).

Important though this influence of ego psychology has been, it has brought about no fundamental change in psycho-analytic technique, but rather a shift of emphasis which, however, has had significant consequences. This shift of emphasis has manifested itself notably in three directions:

(1) As compared to the past, we now pay increased attention not only to early childhood but also to events and conflicts occurring in our patients in later life and in the present.

(2) We dwell nowadays, more deliberately and more persistently than we might have done in the past, on the resistance and on the ego aspect of the patient's productions.

(3) We accord greater attention to the patient's autonomous ego functions and the role they exert on conflict solution, on the choice of pathways of gratification, and, possibly, on choice of defence (23, 27, 29).

This shift of emphasis is but the systematic elaboration of Freud's advice that analysis of resistances should take precedence over analysis of id derivatives. We might suggest that what

² In *The Problem of Anxiety*, Freud distinguished resistances due to the ego, to the id, and the superego.

we call analysis of resistances inevitably ties in with analysis of the patient's way of reacting to his treatment in general as well as to specific interventions and interpretations (20, 32).

The understanding of ego psychology permits a more adequate assessment and comprehension of the rationale for a number of rules which guide our interventions and interpretations.

The interest of analysis does not, as is sometimes erroneously thought, focus on the past alone, but on the interrelationship between past and present: the influence of the past upon the present and, paradoxical though it may sound, of the present upon the past. The paramount role which the analysis of transference plays in psycho-analytic technique is based on this particular interconnexion we find between the past and the present in human life.

In this context, we may also be reminded of Freud's general advice that the analysis should proceed from the so-called 'surface' to the so-called 'depth' (10, 11). The term 'surface' can mean several things (34). One of them, obviously, is the patient's present reality situation and his present interest. Another meaning refers to what is known to the patient, encompassing both the conscious and the pre-conscious accessible to his awareness, which might in turn provide a gauge for the degree of his tolerance or the intensity of his defence against certain drives. The surface also comprises the state and the nature of conflicts between drives and defences at a given moment of the analysis. We know that the efficiency of interpretations is bound up with what might be called an optimal distance from the surface.

The term surface applies, likewise, to all the aspects of the patient's mental life which are at the disposal of his autonomous ego functions. By interpreting the defences first, we submit the defensive functions to the scrutiny of the autonomous ego, thereby enabling the patient to deal better with previously warded-off id derivatives.

As a counterpart of this technical rule to give precedence to interpretations of resistance and defence, I should like to cite Freud's warning against so-called 'deep' interpretations at the beginning of an analysis. Again, this term may have various connotations. It may refer to reconstructions of the remote past, including two alternatives. One is the reconstruction of dormant conflicts (17), which will either have no effect at all or will serve the patient as a welcome means of flight from much

more disturbing, currently dominant conflicts. The other alternative is the reconstruction of the past involving non-dormant conflicts. The latter interventions are comparable to the other variety of so-called deep interpretations, those which aim at strongly warded-off id derivatives. We are all aware of the adverse effects such interventions may entail when they reactivate drives with which the patient is not yet prepared to deal. To enumerate but a few:

There are patients who respond to such untoward or untimely interpretations by interrupting the analysis or who, as a result of highly intensified defences, experience needless suffering or a serious aggravation of their illness. Or there may be a severe increase of guilt feelings, particularly in persons who have a tendency to moral masochism, with the same unfortunate consequences. Some patients react to predominantly deep interpretations with acting out (21).

It is believed that in child analysis incautious id interpretations may possibly endanger existing sublimations, and we know that this danger might also arise in the analytic treatment of adolescents and of some adults.

Interpretations in depth are usually achieved by means of bringing to the fore the patient's thought processes in terms of the primary process. In certain cases, mostly of the borderline type, this may cause the primary process to exert such influence upon the patient that his reality testing may become seriously impaired.

It is well known that a particular affinity exists between passive homosexual tendencies and paranoid symptoms. Many patients, it is true, can tolerate a reactivation of such tendencies without psychotic reactions. But others, especially latent psychotics or prepsychotics, respond to interpretations aiming at their homosexual tendencies with an ego regression that manifests itself in paranoid symptoms.

Generally speaking, consistent id interpretation without analysis on the ego level risks bringing about an impasse in the treatment, which may well become interminable.

An impasse may equally result from the use of analytic terms as intellectual defence or, in certain obsessional, as magic formulae designed to ward off anxiety. Nowadays, we frequently encounter this intellectual defence in cultured and well-read persons who start their analysis well provided with a knowledge of analytic terminology or procedure. In speaking of themselves, these patients use such terms as

oedipus complex, frustration, anxiety, homosexuality, etc., thereby evading the actual thoughts and emotions they experience. One of my patients tried to misuse his knowledge of analysis for what might be called a 'flight into the past'. His visits to me required some travelling. Before he came to one of his preliminary sessions, he dreamed that I had asked him to do me the favour of coming twice a week, to which he replied in the dream: 'I'll be very glad to come even three times.' In reality, the necessity of coming more frequently, together with some disappointment on his part concerning the fee, produced the following reactions in the first few weeks of the analysis. On the one hand, he very soon manifested an exaggerated admiration for the analyst. On the other hand, his dreams expressing ambivalent feelings towards a man were consistently attributed by him to hostility towards his dead father, of which there was, however, no trace in his conscious memories. It was not an easy task to convince this obsessional patient that his hostility at this stage was aimed at the analyst who had started out by disappointing him.

Although interpretations of this kind have always been used in psycho-analysis, they had not been specifically discussed. I therefore suggested designating them by the term 'reconstruction upwards' (34). You will remember that Freud in his case history of the Rat Man (9) relates how he used his knowledge of the patient's childhood conflicts, gained through the usual reconstructions of the past (18), as a basis for such reconstruction upwards of the exact, recent events which had precipitated a relapse of the obsessional neurosis.

Reconstructions upwards have to be used in dealing with regressive behaviour or material of the patient; for instance, when anal-sadistic phantasies are interpreted as the result of a regression from oedipal conflicts at the phallic level. Sometimes the reconstruction upwards aims at an emotion, in order to undo resistances achieved by means of regressive wording. A patient of mine, describing how he would hide from his wife the books he bought for himself, said about her: 'My wife is castrating me.' I interpreted this by saying that he must doubt whether his wife loved him. Although the patient's remark about being castrated by his wife was not without symbolic validity, it was not in its right place and served as an escape from his emotions.

The importance we attach to interpretations

on an ego level is reflected also in the attention we bring in our work to wording, tact, working through, etc. (6, 34). Unfortunately, lack of time forces me to omit these manifold facets of our technique in which the influence of ego psychology is clearly exemplified.

III. THE MECHANISMS OF DEFENCE

The study of defence mechanisms can be and has been undertaken from various points of view. Long ago, Freud stressed the predominant role of repression in neuroses of the hysterical type, whereas in compulsive neuroses he described, beside the repression, the frequency of regression and of isolation and reaction formation. He likewise pointed out the predominant role of projection in paranoid symptoms. However, it has not been possible as yet to base a classification of neuroses entirely upon types of defence mechanisms (16).

On the other hand, Anna Freud has emphasized the consistency of certain types of these mechanisms in the history and throughout the analysis of some individual patients. There is also the problem of the chronology in the appearance of defence mechanisms, which might have an important impact on the development of the individual (8). It may very well be that the study of certain defence patterns against specific drive patterns (Kris, 31) might prove fruitful. Yet another aspect is what Waelder (42) has called the multiple function, which will serve to remind us of the intimate interconnexions between all psychic functions.

Thus, the complex relationship between defence mechanisms and instinctual drives offers a worth-while area of research. It appears that repression does away with the warded-off drive, whereas regression and reversal into the opposite result in a substitution of one form of drive for another. Turning against the self and some forms of introjection change the direction or the object, but not the drive and its aim. Isolation, in turn, seems to deal not so much with the drives themselves as with the emotions related to them. It has been pointed out that projection may result in a gratification of masochistic tendencies (2, 42). On the other hand, projection in itself may imply an aggressive act. A further example of the intimate interrelation between defence and drives can be seen in the so-called 'sour grapes reaction', which in devaluating the object serves as a defence or protection against disappointment and frustration by means of turning

passivity into activity, and which, by the same token, gratifies vengeful tendencies.

Of great promise, also, is the point of view which scrutinizes the defence mechanisms in relation to the autonomous ego functions of integration, organization, and adaptation (7, 22, 23, 37).

To conclude this enumeration of our various avenues of study, I should like to focus on two areas in which but little is known so far.

One is the vicissitudes of defence mechanisms under the impact of psycho-analytic treatment. We know that repression is partly replaced by conscious suppression or by sublimation³; we also know that defence mechanisms are not caused to vanish by the treatment, since they are essential parts of a normal personality; but we do not know enough about their modifications as a result of psycho-analytic treatment.

The second problem refers to the nature and development of defence mechanisms against super-ego demands.⁴ Denial of guilt, displacement and projection seem to be among the very early and primitive forms of this type of defence. Identification with the aggressor, as described by Anna Freud, is apparently a more highly elaborated version of these primitive mechanisms. (There still remains to be examined the relationship between primitive mechanisms of defence against the super-ego, on the one hand, and primitive forms of super-ego functioning on the other.)

Most ego mechanisms of defence against super-ego demands will centre around the way in which an individual deals with the conscious manifestations of the super-ego; I mean remorse and guilt feeling. Thus, guilt feeling might itself become a form of self-punishment; but this punishment, paradoxically, might also be

achieved by the compulsive repetition of the forbidden act. This relationship would emerge more clearly if psycho-analytic theory were using demonological language, since the devil represents the instinctual drives as well as the punishment for them (33). The complex, dynamic connexions in the relationship between ego and super-ego are manifested in the consequences, for pathology, of what one might term disregard of super-ego demands. I allude here to neurotic symptoms, psychosomatic disorders, and self-inflicted accidents.

Of particular importance and interest, for both practical and theoretical reasons, are those defences against super-ego demands which lead to a partial or complete disappearance of guilt feelings in certain patients. We are dealing here with mechanisms that may in some respects be akin to a real repression with consecutive regressive phenomena. In persons who rebel violently against a moral code without replacing it by another, the warding off of super-ego demands may well lead to symptomatology based on moral masochism with absence of conscious guilt feeling. That this state of affairs is very intimately connected with the vicissitudes of the oedipus complex seems certain. It obviously also has to do with the very mechanisms which lead to the formation of the super-ego and determine its relations to the id and the ego.

To say that the subject of defences, autonomous ego and psycho-analytic technique cannot be surveyed completely in a brief report is merely to state the obvious. I shall be content if these remarks have but succeeded in their limited objective: to highlight some of the knowledge we have gained and some of the problems challenging our further study.

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³ If sublimation is to be considered a defence mechanism at all (26).

⁴ Dr. Hoffer has drawn my attention to a similar idea expressed by Fenichel in *The Psychoanalytic Theory of*

Neurosis (p. 132): "... the ego develops a double counter-cathexis, one against the instincts and another against the superego".

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DEFENSIVE PROCESS AND DEFENSIVE ORGANIZATION: THEIR PLACE IN PSYCHO-ANALYTIC TECHNIQUE¹

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So long as the old formulation of the minimum requirements for calling a therapeutic method psycho-analytic—the recognition of transference and resistance—holds good, the theory of defence will be of interest for us all. The understanding of how the mechanisms of defence work and of the use we can make of them has for more than twenty years thoroughly transformed our evaluation and treatment of the resistances (R. Sterbe, 1953). It has brought about still other changes in the field of our activities. It has made the psycho-analyst's work more colourful and more interesting: their understanding and handling has given us a new tool to bring the patient into closer co-operation with us, and it is predominantly due to this effect, as is rarely realized to-day, that the comprehension and manifestation of the transference has gained so much prominence in our theory and technique. And still more important than all this, the theory of defence has taught us, metaphorically speaking, the elements of a geology of the mind, which links its superficial layer, consciousness, with the deep ones, the unconscious.

Freud suggested that the term 'defence' should be used as a 'general designation for all the techniques which the ego makes use of in conflicts which may lead to a neurosis'. Of such techniques there are many, and they are known as 'defence mechanisms'. It has often been suggested that each of them has its own history and source: they may be traced back to their origin in the primary processes, e.g. in displacement and to the genuine mechanisms which the growing ego successively develops from inborn patterns, that is to the autonomous ego functions; they are often highly developed, very complicated structures of the mind. Their character was early and succinctly described by Freud in *Wit and its Relation to the Unconscious* as follows: 'The defensive processes are the psychic correlates of the flight

reflex and follow the task of guarding against the origination of pain from inner sources.' From this it seems quite clear that Freud did not conceive them—as it is sometimes suggested in our literature—as sudden creations, spontaneous random reactions of the ego, escape mechanisms, or defensive manoeuvres, but as patterns of a prescribed, automatic and compulsive character, comparable to the well-organized nervous reflexes; hence the name: defence mechanisms. They have a definite direction, towards the interior, and a circumscribed aim, the prevention of mental pain.

From all that has been added since the re-introduction of the defence concept into our theory, we have to come to the conclusion that the defensive processes, the counter-wave against painful excitation from within, are not only patterned and organized as defence mechanisms, but also come to interact with each other in the course of mental development. The best known and most common linking of defence mechanisms is that of repression and reaction formation; but reversal, displacement, and others could easily be added here. Bertram Lewin (1951) quotes Helene Deutsch (1933), who traced the vicissitudes of aggression and showed how denial, projection, and identification were employed to resolve anxiety threatening from this drive. Edward Glover said in 1936 at the Symposium on the Theory of the Therapeutic Results (Marienbad Congress), and shortly after the publication of Anna Freud's book (1936), that in his opinion there is a hierarchy of such mechanisms or, if not a simple hierarchy, then a series of developmental phases in which a combination of certain mechanisms is characteristic. The ego has thus to be conceived of as being able to react with a chain of defence mechanisms to a dangerous situation and to anxiety.

¹ Contribution to the Symposium 'Defence Mechanisms and their Place in Psycho-Analytic

Therapy' held at the 18th International Psycho-Analytical Congress in London, on 29 July, 1953.

Moreover, the defence mechanisms come into operation successively in accordance with the growth of the ego, but we still know little about their chronology. Projection and introjection have been mentioned by various authors, Freud (1915, 1926) among them, as preceding repression, reaction formation, denial, and others in the assumed chronology. Freud in 1915 spoke of early and late defences; George Gero has lately (1951, 1953) investigated the stratification of defences; Balint (1936) mentions primal forms and later forms; Anna Freud (1936) speaks of pre-stages of defences, and with regard to regression, reversal, and turning round upon the self she expresses the belief that they are as old as the instincts themselves, or at least as old as the conflict between instinctual impulses and any hindrance which they may encounter on their way to gratification. Hans W. Loewald (1950) says that a certain degree of ego-structuralization and of object-structuralization must have occurred to make defence processes and operations possible. Marjorie Brierley (1937) differentiates the processes of instinct defence from those of defence against objects. Dr. Sylvia Payne, concentrating in this symposium on the defence mechanisms employed in the control of pre-oedipal anxieties, again stresses the chronological and developmental aspects, whereas Dr. Loewenstein emphasizes the inter-relationship of defences with ego functions. In addition he reminds us that the inner sources of pain against which the defences operate are not confined to the id and its drive-derivatives, the object representations, but also have to be traced back to the superego and its development. He refers to what Fenichel (1945) had in mind when saying: the ego develops a double counter-cathexis, one against the instincts and another against the superego.

From all these formulations we may be justified in conceiving the defensive processes and the defence mechanisms as being part of and as operating within a *defensive organization*, which is itself part of the total ego-organization, though not identical with it. This addition to the conceptual framework of the psychic personality is also warranted as a consequence of the Amsterdam symposium on the Ego and Id. There both Heinz Hartmann (1951) and Anna Freud (1952) spoke strongly in favour of rectifying the idea that the whole of the ego-organization is to be thought identical

with the defensive ego. Ives Hendrick as early as 1938 warned us not to confuse the defensive with the executant functions of the ego-organization. The partial ego concepts, defensive ego, reality ego, and so on must be seen and studied in their inter-relation as well if we wish to arrive at a fair assessment of the total ego-organization.

Defensive Organization and Normality

Among the subjects which I have found most difficult to explain to the first year students of our London Institute in the lectures on the Principles of Psycho-Analysis is that of 'successful defences'. Giving this impression some thought, and taking into account all the adverse factors which act counter to the intention to teach them theory during this most difficult year of their training, I was obliged to come to the conclusion that none of these factors, either singly or in their totality, was responsible for my difficulty. Thinking over our literature the conclusion one has to come to is that either the idea of 'successful defence' is wrong, or some aspect of our psychology has gone amiss. In such a case it is always opportune in the first place to consult Fenichel's book, that so far unsurpassed encyclopedia of contemporary psycho-analytic thought and experience. And true enough Fenichel, though his view seems a simplification, more fully meets the expectations of the student of psycho-analysis. He also subdivides the defences into two groups: successful defences, which he says 'may be placed under the heading sublimation', and the pathogenic defences. It is only about identification that he is not outspoken, because of its close relationship to sublimation. While Fenichel's connotation 'pathogenic defences' must not be read as 'pathologic', it still favours the one-sided evaluation of defensive processes as morbid and neurotic. Thus the therapeutic task is not infrequently conceived as one in which 'the analytic work is exclusively directed against the defences; they have to be handled with determination and the aim to be achieved is their dissolution; they have to be broken up under the impact of the analyst's interpretations'.

But closer scrutiny teaches us that nothing is more difficult or unlikely to be achieved, and that our true aim will have to be somewhat more modest. We find that spontaneous changes in the defensive organization proved to be

indicative of therapeutic progress, and that the individual mechanism of defence has two aspects; one which is related to the pathology: the defence mechanism is indicative for the neurosis, like displacement for instance in the phobias or projection in the syndrome of persecution: the other aspect allows us to sense that the same mechanism appears to be indispensable for the same patient's mental functioning, whether conceived as pathological or normal.

Thus, according to Anna Freud:

- (1) *introjection* helps to construct the ego,
- (2) *projection* helps the ego to like itself better and prevents the destruction of the ego,
- (3) *reaction formation* stabilizes the ego,
- (4) *sublimation* enriches it,
- (5) *turning inward* of aggression strengthens the superego.

To give an example: I think for instance of a patient who came for analysis after his release from the armed forces. He was in a poor psychological state, facing the social tasks of an adult, while he was psychologically quite ill and still rather an adolescent. He had definite and circumscribed obsessional symptoms, but they did not cause much actual pain. What he missed was men to give him a lead and a woman who met his ill-defined fantasies so that he could marry her. He was of course quite unaware of the defective character of his actual relationship to men. His fear of the father he had dealt with in too many ways to be enumerated here, but one was introjection and identification with the mother. True, he was a reliable officer while fighting the enemy, but always as second in command, never taking the initiative but being an excellent executant of orders. His obsessional observance—he always had to look out for dangers of various kinds—had distorted his ego, but had also enabled him—for instance by the use of the mechanism of isolating—to become a clear thinker; he was an aggressive discussor but knew where to stop. In a state of actual danger he noticed and assessed details which others missed. Identifications had enriched his ego, so that among other achievements he was a perfect cook, and enjoyed being hospitable; he cooked not only well but also cheaply, and his guests never complained of over-eating, though he did not let them starve either. He was famed for his skill in imitating females, especially famous actresses. His reaction formations against sadism had helped him to stabilize his ego. His cleanliness and orderliness, though for defensive purposes, had made him socially attractive, and the successful suppression of cruelty towards the female sex had made him its considered friend and protector. He had many and reliable friends, who knew that he did not

tolerate much ambivalence; he had female admirers, who tempted him in vain and who had been only too happy to help him out of the tortuous fortress of inhibitions, prohibitions, and rituals, which separated him from them. The intolerance of aggression within made him use projection of aggression abundantly. Thus he inwardly felt mostly fine, almost saintly. He fought aggression vehemently in others, for any good cause, for pacifism, communism, democracy, various highly valued reforms, and no doubt during his analysis did so for a while against and in favour of psychoanalysis. As far as he had turned his aggression inward, he succeeded in being complaisant; he did not tolerate envy in himself and he rarely had retaliatory urges. Thus from his defensive organization—defective, damaging, and disastrous its consequences were when seen from the point of view of psychopathology—he had many gains, intellectual, social, and emotional. Love and success, a feeling of inner peace and domination were of course outside his reach; for all the compromises he had to make he paid with good money and self-contempt. But this side of the picture is not only too well known, but is outside our discussion.

Thus we have come to consider what could be called 'healthy' and what 'morbid' aspects of the defence mechanisms. Hartmann has shown (1938) that the psychological illnesses do not allow of an assessment of mental health from a statistical average. He also maintains that the distinction between healthy and pathological reactions does not correspond to that between behaviour originating in defence and that not so originating. 'Nevertheless,' he is compelled to say, 'it is by no means an uncommon thing to discover passages in psycho-analytic literature in which it is maintained that whatever is prompted by the needs of defence, or else results from unsuccessful defence, must somehow be accounted as pathological.' It was he, Hartmann, who consistently stressed the need to view mental processes not only in their interplay with mental conflict but also from the part they play in respect to adaptation. The defence mechanisms, and I am thinking here even of the most pathogenic of them, identification and repression, may foster regressive as well as progressive adaptation.

In a timely paper Kurt R. Eissler (1953) has examined the effect of the defence mechanisms as they manifest themselves in the ego modifications encountered in the neurotic and psychotic conditions. Basing himself on Freud, who once said that the maintenance of internal resistance is the *sine qua non* of normality, Eissler concludes that the defence mechanisms may either

protect the ego or destroy it. Our closer association with mental disease as compared with mental health, as Brierley (1947) has noted, has hampered our dealings with normality. Shall we accept this association to the extent in which it appears in the negative assessment of the defensive organization during treatment? Is the personal integrity of the patient, of which Brierley is thinking, not impaired by the omission of the normal aspect of the rôle of defence in mental functioning?

With these queries I shall leave the subject for further investigation and scrutiny.

Defensive Organization and Technique

The therapeutic evaluation of the defence mechanisms has undergone a development which reminds us of that of the theory of resistance. At first the technique was mainly concerned with one of the three ego-resistances, that reinforcing repression, the countercathesis. To this the transference resistance had soon to be added; and finally the resistance serving the epinosic gain, based on the assimilation of the symptoms by the ego. It was much later that the id-resistance came into focus which necessitated the working through; and then, lastly, the superego resistance. Every new addition was not only an enrichment of the therapeutic field but called for a shift of therapeutic aim. The analysis and removal of resistances has thus become an aim which can be achieved only to an approximate degree, not absolutely.

From the start to the conclusion of treatment the patient is confronted with his defensive organization. He learns how it works—especially but not exclusively in the transference situation. In consequence of this the patient becomes a participant in the quantitative control of anxiety.

Quantitative control of anxiety may, however, be thought an impossibility, since the patient in treatment has only weakened defences at his disposal and can under no circumstances be spared the experience of the full impact of his anxieties. Quantitative control of anxiety can therefore not even be thought of as an ideal at which to aim. Others may think—and this is the more serious objection—that as soon as the analyst's attention turns to any kind of control of anxiety he will willy-nilly contribute to the reinforcement of pathogenic defences and thus himself counteract the therapeutic task. My own experience makes me inclined to expect

that it is just the indiscriminate interpretation of the defensive aspect of mental content which stimulates new defences rather than contributing to the understanding of the old ones.

The study of the defence mechanisms used by the patient can easily be rivalled by an urge on the analyst's part to interpret them irrespective of the danger situation to which they refer. Analytic contact with the pre-analytic personality may thus sometimes be lost. The patient may make an unopposed adjustment to the analytic situation and the individual technique of his analyst. This does not foster the working through of the infantile defensive organization and its defects. The social environment itself in which the analysis is carried out constantly offers new and attractive designs for maintaining the old defences.

Changes of defences should have time to develop more fully, and the ego's integrative effort in the analytic situation should not be interfered with by precocious interpretation of new, more valuable defences. The three basic anxieties against which the ego develops its defensive organization can be altered only quantitatively, not qualitatively, and the organization itself can only be remodelled under the weight of new inner experiences encountered in the therapeutic setting. The final readjustment of the total defensive organization—I am inclined to think—takes shape when the actual analysis has come to an end, and this—in some cases at least—will be nearer, if the maturation of the defensive organization is not unduly interfered with while the analysis is still going on.

To summarize this contribution I would say this: to achieve the optimal reconciliation between ego and id the patient in treatment has to become acquainted with those defence mechanisms which he employed when fighting his conflicts of childhood, and the anxieties arising from them. To reach these defences the hierarchical structure of the defensive organization may become a help or an obstacle. It will be a help when it is considered and handled as the necessary and constructive concomitant of the search backwards into the childhood history: it will be an obstacle when the analyst loses sight of the historical and developmental aspect of the defensive organization and treats it indiscriminately as if it were itself a pathological formation.

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MECHANISMS OF DEFENCE AND THEIR PLACE IN PSYCHO-ANALYTIC THERAPY: DISCUSSION¹

By RAYMOND DE SAUSSURE, GENEVA

After having heard the three brilliant papers given this morning, I shall endeavour not to succumb to the temptation of giving you a fourth report on how to treat mechanisms of defence by psycho-analytic technique. I shall confine myself to pointing out what has appeared to me to be the essence of the papers we have just heard.

Dr. Loewenstein began by explaining to us in a comprehensive introduction the improvements and the changes arrived at in analytic treatment since Freud reformulated his theory of anxiety and elaborated a personality structure, which has facilitated the study of man in his social, physiological, and biological environment. In this introduction the speaker has clearly shown how much the problem of defence mechanisms has gained in clarity since our knowledge of the development of the ego has increased; he endeavours also to classify the problems of technique which derive from this development. It was only later that he dealt more specifically with defence mechanisms, stating the problems which present themselves in this connexion without having the time really to elaborate them and without integrating them as much as we should have liked in the framework of the therapeutic questions they present.

We remember as the most essential part of his report the distinction established formerly by Anna Freud between the defence mechanisms directed against the impulses of the id and those directed against the too imperative demands of the super-ego. While recalling this distinction, Loewenstein omits to tell us of the therapeutic problems it presents. It goes without saying that one must at first attack the defences against the super-ego, and yet everybody knows in these cases how much the formation of the super-ego is linked to the demands of the id, and one would have liked the speaker to have entered into more details about the technique of these

confused situations of defence mechanisms often contradictory in their aims.

Loewenstein has reminded us of the defence mechanisms directed against the super-ego; why did he omit the defence mechanisms directed against the external world? They are often mixed up with those directed against the internal world, but this is not a reason for neglecting them.

Anxiety regarded as an alarm signal is a means of anticipating the danger as both internal and external. This signal is combined with the personality structure in such a way that certain individuals always anticipate favourable situations, whereas others await inevitably catastrophe or punishment.

In certain systematic attitudes of optimism there is another form of defence against the super-ego.

Dr. Sylvia Payne has simplified the task by limiting herself to pre-oedipal defence mechanisms and by showing them in a single case. She brings up, however, an important question in affirming that in border-line cases of psychoses or in patients who have had psychotic episodes these mechanisms must be analysed before everything else in order to permit a normal transference relationship. We have certainly been won over by the clinical part of this paper as much as by the interpretative gift of its author, but we regret, were it only better to illustrate her theory, that Sylvia Payne did not show how she would have conducted the analysis with the two other groups of patients she mentioned. This comparison would have clarified her point of view. Perhaps also ought she to have defined more explicitly the character of pre-oedipal mechanisms, as did Edith Jacobson.

In fact, the projection of the super-ego on to the analyst, which is also a form of identification with the aggressor, is frequently found in many patients who have slight neuroses. In such cases,

¹ Paper read as introduction to the discussion of the Symposium 'Mechanisms of Defence and Their Place

in 'Psycho-Analytic Therapy' at the 18th International Psycho-Analytical Congress in London on July 29, 1953.

although they are not psychotic, we also analyse these defence mechanisms in the first phases of the treatment.

For these reasons we should have liked Dr. Sylvia Payne not to have limited her talk to the clinical study of a single case.

Dr. Hoffer takes us at once to the heart of the subject. He reminds us that mechanisms of defence have various origins; some derive from primary processes characteristic of the id, others from innate behaviour or from mechanisms developed by the ego; in fact they can derive from processes highly differentiated, forming complex structures of the mind. Does this difference of origin involve differences in technique? This is the one problem Dr. Hoffer did not raise. But what characterizes these mechanisms is that they are not momentary loopholes; they have an automatic compulsive character comparable to nervous reflexes which are repeated each time the ego has to defend itself against anxiety or mental pain. The essential part of Hoffer's contribution is found in the fact that he has stressed that these mechanisms primitively directed against mental pain are then more and more deeply obscured by the different aspects of mental development.

Bertram Lewin had already shown that these mechanisms do not always take place in an isolated way, but form defence chain reactions which, for example, are organized against aggression developing successively and in an obscure way denial, projection, and identification. It is thus shown that there exists a real defensive organization which should not be confused with the totality of the ego.

This finding leads Hoffer to ask what are the relationships of this organization of the ego with normality. Should we not distinguish between the satisfactory defences which lead to a favourable adaptation and those which form the basis of neuroses? Has it not been an error on the part of a generation of psycho-analysis to direct the principal efforts of their therapy solely to dissolving and suppressing defence mechanisms by interpreting them in a systematic manner as such?

When one reflects on these questions one can easily see that the same mechanisms can be utilized for two different purposes. Let us take the example of the displacement in phobias: whereas it contributes to the formation of a symptom, it can at the same time be the first stage of a satisfactory sublimation. The merit of Hoffer's findings consists in his stressing the complexity of these processes: an individual

who defends himself against his own aggression falls into a certain homosexual dependence, but at the same time can acquire undoubted intellectual, social, indeed emotional qualities.

One could multiply these examples. They would convince all of us that if one bears in mind the plurality of the functions of a single process, a plurality to which Heinz Hartmann and Robert Wälder have for a long time drawn attention, it would be disastrous, indeed inhuman, to give way to a frontal attack on these defence mechanisms. This technique introduced by Wilhelm Reich is to-day out of date. In fact, the development of our theoretical ideas on mechanisms of defence involves changes in our technique. The manipulation of these mechanisms can no longer be made in only one direction.

During the course of treatment we see the defence mechanisms being modified, taking the place of one another in a regressive order. On the other hand, while they subsist their functions alter. They become less rigid and less compulsive; they are more satisfactorily integrated into the ego-ideal. Thus one cannot attack them with the single aim of destroying them.

With the maturation of the ego it becomes easier to differentiate between the constructive and regressive elements. Along with the conscious awareness of the compulsive nature of the mechanism, one attributes an ever greater role to the ego's synthetic function and its capacity for assimilation.

In order that this work may be carried out in an effective way the changes in the defence mechanisms must be effected slowly, and the new methods of defence which supplant the old ones should be discussed only when they have attained a certain maturity, that is to say, a certain integration in the ego.

It is advisable to be careful that the study of fresh defence mechanisms does not hinder the investigation of an attack on the older defence mechanisms, above all those of early childhood. One cannot, in fact, lose sight of the historic and progressive aspects of the defensive organization. Not to take this into account would lead to great confusion and to an incomplete analysis.

Such are the principal points of Dr. Hoffer's contribution.

I am of the opinion that all he has written on the plurality of the functions of defence mechanisms represents the essential and most up-to-date aspect of the problem, but these practical

conclusions would have been clearer had he distinguished between the regressive and the progressive substitutions of the defence mechanisms. An example will show better what I mean. When we attack the defence mechanisms of an obsessional neurosis we often witness the appearance of phobic mechanisms, because the individual had at first made use of these mechanisms; this is a regressive substitution, but at the same time we see the appearance of identifications and sublimations which have a progressive character because they show a better adaptation.

Technically, it is important first to attack the

regressive substitutions in order to be sure of gaining access to infantile memories and only afterwards to turn towards the progressive substitutions. These are modified slowly and often by a total alteration of the personality which is more difficult to perceive because it is made up of slight shifts of purpose.

I shall limit myself to these few remarks so as to give everyone sufficient time to speak.

In concluding I should like to thank the Organizing Committee for having put this important subject on the agenda, as well as those who have contributed for their interesting suggestions.

STEPS IN EGO-INTEGRATION OBSERVED IN A PLAY-ANALYSIS¹

By LOIS MUNRO, LONDON

It is my aim to demonstrate the connexion between the severe emotional disturbance with accompanying retarded development in a boy of three years old, and the underlying split condition of his ego. This was due to the strength and character of his destructive impulses. By analysis of his persecutory anxiety and defences he was enabled, after eight months, to effect a certain degree of ego-integration and achieve some control of ego-function. I shall only give those details from his history and analysis which are relevant to my theme.

Colin was the elder of two children: his sister Katy was born at home when he was two years and eight months old. His own birth was difficult. Feeding was not established satisfactorily, and even by three years of age, when analysis started, he would not feed himself. He let his faeces drop from him all over the house at all times. He was never dry by night or by day. Sleep was always broken by compulsive activities that continued throughout the greater part of the night. He showed little need to receive affection from, or to give it to, his mother, but exacted compliance from her in his obsessional rituals. He admired his father, especially for his skill in mending things, and incessantly demanded his help. He never had a name for himself till his sister was born, and then he called himself Katy. Just before his third birthday he began to call himself Col, short for Colin, but he never used the pronouns I or me. When he saw his sister first use her pot, shortly after her birth, he started using his own. Then once a day after lunch he produced with great pride an extremely large motion, though he remained incontinent at other times. It was striking that he would not do anything for himself, and even when playing would say: 'You do it', and then imitate his playfellow.

The technique I used in Colin's analysis is that described by Melanie Klein in her *Psycho-Analysis of Children*. During the first week of analysis he instituted a game which opened the session when I fetched him from the waiting-room, and which reappeared at the end of the session when his nurse came for him. It was a form of hide-and-seek, and I am calling it the Finding Game. I learned that he played it at home, and his parents called it 'Where's Colin?' The game preceded and ended each session for the first ten weeks of analysis; later it returned from time to time, with modifications which reflected the changes taking place in his ego-structure.

It went as follows: When I came into the waiting-room he was sitting on his nurse's knee, holding a paper in front of him. I had at his request to say: 'Where's Colin?' to which he replied: 'He's not here', or 'It's Nanny'. I had then to speculate aloud as to where he might be, and only when I said: 'On Nanny's knee' would he appear from behind the paper, and come with me into the play-room. At the end of the session he hid under the rug on the floor while I fetched his nurse. He became very manic and on several occasions shouted: 'The Dainty Dish'. This comes from the nursery rhyme, where four and twenty blackbirds baked in a pie were to be a dainty dish for the king. Nurse had to look for Colin as I had done. He asked from under the rug: 'Are Col's arms here? Are his legs here?' and on several occasions he stood up with his eyes closed, asking: 'Are Col's eyes here?' Not until these questions had been answered affirmatively did he open his eyes, take his nurse's hand and walk out of the play-room.

The seventh session began as usual with the Finding Game. Colin's first act in the play-room was to take a ball from the drawer and throw it into a corner of the room, where he

¹ Paper read at the 18th International Psycho-Analytical Congress in London on 29 July, 1953.

left it for the greater part of the hour. He said: 'Where is it? It's not here'. By various associations I recognized that the ball stood for himself; in particular using the same words as he had in the Finding Game, 'Where's Colin?'. He was showing that he felt he was lost, and, by throwing the ball into the corner of the room, demonstrated that this self had been split off and projected into the outer world. Moreover, it was not going to participate in play with the analyst.

His next move was to put two toy figures, a man and a red woman, into a lorry. This had in the previous session been called the Munro-Lorry, and so stood for the analyst. He asked: 'Who are the Man and the Red Lady?' and took the toy woman and threw her into the same corner as the ball. At this point I interpreted that the Red Lady stood for his mother whom he wished to keep with himself—the Ball—separate from the analyst. He interrupted me, saying with surprise: 'Col isn't here. Are there two Cols?' He picked out a small toy pig, put it into my hand and said: 'This is little Col. What does he do?' I addressed the pig, saying: 'What is little Col doing in Munro?' To this he replied: 'He wants to eat all the 'tatoes (potatoes)'. He added a second pig, saying: 'These are 'tatoes'. He picked up two sheep and said: 'These are knives and forks'. Sweeping all the toys off the table into my lap, he said: 'These are all 'tatoes. Col is cutting up roast beef for Daddy and Mummy'. By this play he confirmed my interpretation that by putting the pig into the analyst's hand he felt he was putting part of himself inside her. He added the information that he felt he was cutting up and eating the contents of her inside. Thus there were indeed in his mind two Cols: one represented by the ball and the other by the pig. At the end of the session he found the ball, and threw it in a manic way about the room as if he dared not hold it.

Melanie Klein has shown that in the child, during the phantasied attacks on the mother's body, parts of himself are felt to enter her. To avoid persecutory anxiety these parts are split off from the self. The object then becomes endowed by projection with the character of the prevailing impulses, and comes to stand in the child's mind for himself. This is projective identification. Colin showed that he wished to enter his mother with the intention of devouring her contents, and aptly represented this by

little Col, the pig. His mother, represented by myself in the transference, then became a cut and eaten-up mother and one who had devoured him (the Dainty Dish). He defended himself from both persecutory anxiety and guilt by splitting himself into two Cols. The Ball and the Red Lady represented himself and his mother who were preserved at the cost of remaining passive and not participating. The extent to which these two mechanisms, splitting and projection, were used led to his maintaining that he was not here, which implied that he did not feel that he had an existence inside himself, that is, his ego was in fragments. In the session when chasing the Ball he was dramatizing his wish to bring the two parts of himself together. But as this internalization was dominated by his devouring impulses any integration was bound to fail.

The Finding Game can now be understood as a presentation of his problem. In the waiting-room he showed that he felt himself to be undifferentiated from his mother, represented by his nurse. He needed the analyst to be the helpful aspect of his mother who, by naming him, would extricate him and give him independent existence. At the end of the session, as the Dainty Dish, he showed himself to be in pieces inside a devouring mother. He needed his nurse to be the mother who would not only extricate him, but by naming the different parts of his body put him together and enable him to function. He showed that he felt his ego was split up and put into his objects who then came to represent him. The world in which he lived was a projection of a nightmare inner world in which everybody was devouring each other. Introjection then became fraught with danger, for he had little belief in his own capacity to preserve his internal objects. He had therefore to employ obsessional rituals and tyrannical demands to maintain control of his external objects and hence of the scattered parts of himself. His passivity reflected his inability to make use of his own constructiveness, hence his dependence on his objects for help.

The birth of Colin's sister was of great importance. He showed by adopting her name that he was identified with her, and that he saw in her birth the emergence of himself from his mother's inside. In the analysis Little Col, the pig, was shown to be indistinguishable from his sister, who was not named but referred to as the Nasty Baby. She was, in his phantasies, made of faeces, urine, vomit, and blood, and for

this phase of the analysis was felt to be in the analyst. During this time, in contrast to his earlier friendliness, Colin was very frightened and defended himself from expected attacks by confining the analyst to part of the room and forbidding her to speak or to come near him. He stayed in the part of the room where he had thrown the ball, and watched the tap water running into the sink. My interpretations were directed towards showing him that he felt the analyst to be his mother containing a child who was attacking her inside with faeces, urine, vomit, and blood. This child stood both for his sister and for himself. He was afraid of getting mixed up with this nasty mother and baby, and pretended that by keeping himself separate he could find in the running water the good parents who fed him with good food. During this phase his father was taken ill, and another child, who was using the play-room prior to Colin, was causing progressive damage to the table and chair. These pieces of furniture stood in Colin's phantasies for his mother and father, hurt and made unhappy by him. Thus, the analyst represented the bad aspect of his mother, the object of his attacks and the source of his persecutory fears. The tap stood for the good aspect of her, and by idealization he was magically able to deny his fears. The table and chair stood for his damaged parents whose condition made him feel guilty and unhappy. The outcome of these interpretations was a piece of play in which he brought the analyst a mug of water to drink because, he said, she was ill. It was followed by his saying: 'I have a wee sore in my mouth', and then, standing beside the analyst, he also drank from the mug. The Finding Game, which had not been played for some weeks, reappeared at the end of the session. This time he took the floor-cloth, the representative of his faeces, with him under the rug. The important point about this session was that it was the first time he had used the pronoun 'I', and coinciding with the acknowledgement of a sore in his mouth, he showed that he recognized the injury in his own ego. This is in line with Freud's contention that the ego is first and foremost a body ego. My elucidation of the phantasies of the different aspects of his objects had succeeded in reducing his persecutory fears which were responsible for the disintegrated state of his ego. In consequence his objects became less alarming, his need to attack them decreased, and internalization of more helpful figures then

became possible. The most significant result of this analytic work was that he achieved control over his anal sphincter, which, with very occasional lapses, he never lost. This was due to a growing awareness that he had an ego, and hence resources with which to control his own impulses and body functions.

A third phase of his analysis was concerned with his manifest jealousy and murderous impulses towards his sister. It was stimulated by both the break in analysis due to my summer holiday and by his starting school. These attacks were made by throwing mugfuls of water to drown two toy figures representing his sister and his mother. At the height of these attacks, he slipped and fell on to the wet floor. He lay there quite passively as if dead. After I had picked him up he lay on the couch, and in a monotonous voice told me that it was a removal van and that I was to drive it to the sink. Here by a piece of play he showed that he felt he was dead rubbish and was to be thrown away. I interpreted that in addition to the attacks he was making upon his sister and mother, for which he felt he should be punished, he was also attacking the Nasty Baby who was himself. Hence his feeling that he was dead. I linked this with his attacks on his mother's body, with the jealousy of his sister at her birth and with the present jealousy of her remaining at home when he was sent to school. The interpretation was followed by his building with toys what he called the Fountain in the sink. This structure, which had appeared before in the analysis, meant his actual family put together, the inside of his mother restored and himself rehabilitated, all by the agency of the good running water. The Finding Game appeared at the end of the session, but in a different form. This time he left the play-room and inspected the outside drain, then returned to look earnestly at the Fountain. I interpreted that he was looking at both the inside and the outside of the analyst, standing for mother, to reassure himself that both she and he were restored. When he went home he needed also to reassure himself that he had done no damage to the analyst by leaving her. At the same time he was also looking at his own self, and for the same reasons.

Following this session there was play which expressed a recapitulation of the events of the analysis, and hence of the events of his own life. This integration of experience is an essential aspect of ego integration. It was accompanied

by considerable development. He now called himself Colin. He began to play with his sister, and on occasions could be protective towards her. He gained in fluency, giving verbal expression to what before he had only demonstrated in play. He began participating in school activities. He had several nights of dry beds. In his analysis there was an increased amount of more realistic construction and reparation, and people with personalities began to appear. More importantly his direct oedipal rivalry with his father came to the fore. His jealousy of his sister had, up to that time, masked that of his father.

These developments, I consider, are the outcome of bringing together the split-off parts of his ego. This integration was only made possible by interpreting the murderous impulses towards his mother's body and the baby inside it. His sister came to carry the split-off parts of his ego, and assumed the character of his own impulses. He found that in attacking his mother and her baby he was attacking a hated child who was himself. His hatred of himself then diminished, and he became able to make use of the good aspects of himself and his objects. Now he could bring his reparative impulses into the service of restoring his mother and her family. This implied a synthesis of his mother; when she was internalized a concurrent integration within his ego took place.

When Colin's disintegrated and undeveloped state at the beginning of the analysis is compared with that after eight months' treatment, noticeable progress can be seen. I consider that only when the anxieties which underlay the split state of his ego had been analysed was it possible for integration to take place. These anxieties are more readily accessible in the young child, and their resolution liberates capacities for growth and development. The insight I have gained from the analysis of this child has helped my understanding of several cases of character neurosis, and in particular, a case of fetishism. Here it could be seen that the fetish itself constituted a split-off part of the ego, and was the later result of failure of integration similar, in some respects, to that of my child patient. I have observed both in older children and in adult patients the consequences of maintaining a split condition within the ego. At best there is an impoverishment of personality and a greater or lesser crippling of talents and sublimations. At worst there is physical and mental illness. When the good aspects of the self and the object are idealized and kept apart from the bad aspects, the love impulses can neither be used to modify the destructive forces nor to serve growth. Not only is the tendency to disease fostered, but there is also a loss of those capacities which give strength to the ego.

SOME HYPOTHESES ON THE ROLE OF THE CONGENITAL ACTIVITY TYPE IN PERSONALITY DEVELOPMENT¹

(Supplemented by a film)

By MARGARET E. FRIES, M.D.,² NEW YORK CITY

Freud repeatedly stated that constitutional factors played a part in the development of character traits and neuroses. Twenty-five years ago at the New York Infirmary, attempts were made to observe the earliest clues to these constitutional factors. One such factor was detected in the manner that new-born-infants re-established homeostatic equilibrium—regardless of whether the stimulus was external or internal.

This constitutional factor, for want of a better term, was called Congenital Activity Type.

(1) *Congenital*—because this biological factor is a result of the infant's heredity (genes), intra-uterine influences, and birth experience.

(2) *Activity*—because the interaction of these factors produces a 'tendency to react' to the environment with characteristic activity.

(3) *Type*—because infants may be roughly classified according to three so-called normal types: Active, Moderately Active, and Quiet, and two pathological ones at either extreme, Hyper- and Hypo-active. These latter we believe to be more vulnerable to the psychopathies. The activity throughout the twenty-four hours differs not only in quantity, but also in quality, as in extent, duration, tempo of movement, as well as muscle tonus and crying.

There is a distinction between the terms Congenital Activity Type and Activity Pattern: the Congenital Activity Type represents the congenital mode of re-establishing homeostatic equilibrium; while the Activity Pattern, resulting from the interaction of type, environment, and growth, represents the behaviour at any one time. The Pattern may temporarily or possibly even permanently overlay the Type.

In general, type and pattern correspond from the first few days of life through the first months, i.e. from the dissipation of birth effects to the differentiation of id and ego.

You will see these infantile differences in the first part of the film; while in the latter part you will see how the Congenital Activity Type has an effect on personality development—an effect that is indirect rather than direct. The type is a *predisposing* factor. The type interacts with all other variables, so well known to all analysts, involved in the development of character traits.

Because of the short time available, it was thought best to spend more time in showing a film³ at the Congress than in reading a paper. Consequently, there are some gaps in the presentation. Many of these are taken care of in Vol. VIII of *The Psychoanalytic Study of the Child*, which gives more details of the work, such as clinical data from the analyses of patients, twenty-five years' research, and the many contributions of other investigators.

The Congenital Activity Type, like all constitutional traits of an infant, plays a role in

(1) Child-Parent and Parent-Child relationship.

Ex.: The Quiet type is preferred by some parents; the Active type by others. Therefore the type is a contributing factor in establishing object-relation.

Ex.: The quiet type predisposes towards the establishment of a more dependent relationship.

(2) Psychosexual Development.

(a) Because of cultural mores a girl of a quiet type and a boy of an active type tend to have an easier adjustment respectively to their sexual roles.

(b) The startle responses of infants with different Congenital Activity Types vary in form, duration, and body postures. Different parts of the body are auto-stimulated in each individual,

¹ Paper read at the 18th International Psycho-Analytical Congress in London on July 29, 1953.

² The untiring co-operation of Paul J. Woolf in all aspects of this work is gratefully acknowledged.

³ The film 'Two Children' is available through the New York University Film Library, New York (limited to professional teaching).

thereby possibly laying the basis for future choice of auto-erotic area.

Ex.: The active child cried, moved her body more, flexed and kicked her legs, while the quiet one had a tendency to extend her legs rigidly and at times to compress them, while she hardly moved her torso or cried.

(3) Ego Development.

The form of reality testing and mastery of the environment may be different.

Ex.: The more active type is prone to test reality and master it through its own activity; the quiet one probably more through the adults in the environment.

(4) Defence Mechanism.

If these primitive reactions in the newborn are biological forerunners of later defence mechanisms, then the Congenital Activity Type predisposes to a preference of defence mechanism.

Ex.: The response of a new-born infant of a quiet type is often reminiscent of the resistance of some primitive organisms to any environmental change.

The quiet type is probably predisposed to defences of withdrawal and fantasy.

(5) Predisposition to Pathology.

The type seems to predispose to choice of neurosis; and/or to symptom formation. All types seem to be capable of developing any character trait or neurosis, but there seems to be a predisposition to one or another; to the type of symptom; and to the specific mode of developing the final expression of the pathology.

The extreme types—excessively quiet and excessively active—appear more vulnerable to the psychopathies.

Ex.: The autistic child described by Kanner appears closely related to the pathologically quiet type.

SUMMARY

Since every condition is overdetermined, we can only say that the Congenital Activity Type is one of many different factors in personality development.

To draw up such hypotheses about congenital factors may be presumptuous and premature, since many more data are needed to substantiate them. However, it is hoped that this work will contribute toward a *way of thinking*; or will help to clarify another factor in the dynamics of ego-structure and personality development.

THE METAPSYCHOLOGY OF THE RUSSIAN TRIALS CONFESSIONS¹

(An example of the defence mechanism of 'Identification with the (Idealized) Aggressor')

By AUGUSTA BONNARD, LONDON

As you will realize, the subject of this communication was submitted for Congress acceptance before Stalin's death. It was at the time when Slansky and ten others had recently been executed at Prague. Their trial had ended after the familiar but horrible Russian pattern, all of them behaving like automata, and jumping up as one man to beg for the death which they insisted they deserved. Shortly afterwards the trial of the nine doctors was announced, as murderers of their important patients and as traitors to the Cause. We had long since come to know that such an announcement meant the certainty of confession. However, events moved fast. Within a short time from the public announcement that Stalin was actually dead, the world heard the miracle that the doctors had been freed as innocent, and that the means whereby their confessions had been obtained had been declared to be quite un-Russian.

My first impulse was to think that no useful purpose would now be served by seeking to explain a process which overnight had been declared to be a thing of the past. Yet it required but the passing of a few more days for Beria,² the Chief of Police, to go to his and Stalin's native State, Georgia, merely to reverse the direction of the tide of slaughter by arresting the inquisitors. Russian trials, therefore, will continue, but if the theoretical formulations are correct, then these new victims will prove less suitable for publicity. Furthermore, the formulations now to be put before you have been validated for the first time in Soviet history by the release of the doctors, thanks only to Stalin's timely death.

At the time of the Prague trials, when this communication took shape, a discussion arose between myself and a political journalist. He

put the question why public trials were once more in the limelight, and why they should now be so blatantly anti-Semitic. His suggestion that their purpose was to exploit the smouldering fires of the Middle East, by adding the cheap and efficient fuel of anti-Semitism, seemed to me an insufficient explanation. What appeared to me of overriding importance was that Russia's Iron Curtain now has great rents in it, caused by the presence of Russian occupation troops in Germany and Austria, and by the impact of a former democracy such as Czecho-Slovakia. Surely it is that ubiquitous common man, the Russian soldier, whom Stalin feared. He has thousands of mouths wherever he returns on leave. By the defensive process, of reversal, it then becomes understandable why the scarcer but equally ubiquitous and ever alien Jew should have been hounded down as the self-evident secret representative of the West. The present *volte-face* of the rulers of the Soviet Union, in inviting estimates and tenders for peace building, would suggest that they are more realistically aware of the triumphant pervasiveness of what the common man sees, in other lands, with his own eyes.

We have become accustomed to use the terms ego-ideal and superego as if they were interchangeable. It is hoped that the clinical material here presented will make it clear that they should be regarded as two different structures. To my mind, it would be clinically advantageous if we were to revert to the earlier definition of the ego-ideal and keep it separate, to represent the positive and loving aspects of parental images, using the term superego to cover the prohibiting and fear-provoking ones.

My clinical interest in Russian trial confessions

¹ Paper read at the 18th International Psycho-Analytical Congress in London on 29 July, 1953.

² Six weeks after this was written Beria was indicted

as a traitor, and has since been executed without public trial. Up to date (March, 1954) there have been no further public trials.

became focused more than two years ago, owing to diagnostic and therapeutic work done with a series of eight children suffering from severe school phobia. After I had seen the third case, I realized that the apparent grossly hysterical behaviour of these children, as evidenced in their dramatic pleas and threats to stay at home, was a breakdown reaction. Their flight from school or their flamboyant refusal to leave home, sometimes excused by psychosomatic complaints such as headaches, nausea, or colic, so short-lived as to suggest malingering, earns such children the official designation of truants. So much do they cling to their parents, and shun the outside world, that they appear almost absurdly infantile and spoilt.

It therefore came as a surprise to confirm that the presumed fortuitous common factor linking the first three cases remained a pathognomonic constant throughout the series. This common factor lay in the presence of at least one paranoically disturbed parent, in effective psychical domination of the other parent and of the child in question. These children's phobic pattern of agitated refusal to remain in school proved to be a last-ditch defence mechanism against overwhelming reality fear. Their fear was justifiably aroused because of inescapable awareness of the contrast existing between their school-life system of reality (factual learning from teachers and classmates) and that inside their own homes. These families live in isolation even in a town. What might appear from the outside as a quiet or haughty reserve is the misleading expression of a profoundly suspicious or harshly critical attitude towards everyone else. Behind these parental attitudes of censorious seclusiveness lay their varying paranoid systems. Their clinical expression ranged from political and quasi-religious eccentricities to two cases of abnormal parental attitudes cannot be separated from fear of the parents themselves.

The term 'double-think', coined by George Orwell, aptly crystallizes the conflict of knowing from which these children seek to free themselves by remaining at home. In so doing, they accomplish two ends. They forswear external society, and thereby deprive themselves of its sustenance of their growing reality sense, out of superego fear of their pathological parents. But these children also fear for the safety of those selfsame parents who once, before their peculiarities could be critically assessed, were looked upon as benign, protective figures. The

children's ego-ideal compounded from the positive elements of this relationship provides not fear, but the incentive lovingly to protect their sick parents. And so these children, who clutch at them quite literally, are actually held in the double vice of superego fear and ego-ideal loyalty.

It was found that *folie à deux*, or even *à trois*, a psychiatric condition in which delusive beliefs are shared, was present in certain of these cases, but in varying degree, either between parent and child, or between the parents, or among all three. In the instances of *folie à deux* between parent and child, the child's condition could be clearly recognized as a variety of the defence mechanism of 'identification with the aggressor'. It seems to me likely that the endopsychic purpose of *folie à deux*, in the induced person, is always of this ultimate nature, no matter what are the predisposing conditions.

The plight of these apparently phobic children suggests a comparison between their psychic reality and the external reality of an intelligent, sane and insightful Soviet citizen. It is against his background of paranoia as a State system of mass indoctrination (an imposed multiplication of *folie à deux*) and his real inability to escape from behind the Iron Curtain, that these trials should be regarded. They should be viewed in this light not only from the angle of the victim, but also from that of the expectant public. It can be seen that the Soviet citizen who possesses critical judgement (reality sense) is firstly in danger of conflict (from which will arise guilt feelings similar in quality to those which properly relate to disowned id impulses), and next of his life, since uncensorious awareness of a differing reality is equated by the State with (potential) disloyalty. Informed thinking, needful in leaders of men and desirable to many others, even in a totalitarian State, thus automatically tends to become dangerous and guilt-laden.

Let us now consider the situation of political leaders, with especial reference to those in the Communist countries. In parenthesis, it can be stated that most of those brought to trial with a view to public confession were those who originally established or furthered their Party's aims. Broadly speaking, Communist leaders are likely to have belonged to one of two categories. Either they joined the Party from motives of 'convenience'—a broad term covering many types of expediency—or because of their ideals. It would seem that the leaders who

confess as is required of them, belong to the ranks of the idealists, for, as we shall see, all that really stays constant throughout their bizarre trial behaviour is their ego-ideal. It remains at the service of the Cause they once idealized, of which they feel themselves to be as much a part as are the inquisitors who now claim to represent it.

Let us next proceed to define the *clinical problem* of their behaviour as presented by the spectacle offered at their trial by men who, however dissimilar in other respects, all possessed courage, energy, and intelligence. According to all accounts, it would seem that they can be similarly 'reduced' to the level of automata of a peculiar type. Their peculiarity, in the face of certain death, lies not only in their loquacity, but in its content. They are characterized by their eagerness to outdo even the most fantastic of their prosecutors' accusations. They revile themselves and accuse themselves of multiple crimes of an oddly omnipotent order, after which they plead with the Public Prosecutor for sentence of death. At the recent Slansky trial in Prague, all ten victims were reported to have jumped to their feet as one man to repudiate any suggestion of clemency and to beg instead to be executed, which they were. Communists apart, no one presumes these confessions to be based on real acts of conscious treachery or subversion, if for no other reason, at least for their bizarre quality of impossibility. How, then, do they come about? Among the more scientific explanatory theories are those of selective, specific drugging, with or without the induction of abnormal physiological states by hitherto unknown means. Recourse to fear and torture reactions begs the clinical explanation of these victims' sustained, circumstantial loquacity in the service of their own denigration.

The theory here accepted is derived from the accounts of Weissberg³ and others, giving his own and other people's prolonged experiences at their inquisitors' hands.

Let us examine the quality of such victims' self-accusations of deeds and plots of the most unrealistic order. If we listen to their content *in vacuo*, that is to say, divested from the terrible reality of these men's plight, they then take on the quality of the melancholiac's omnipotent self-revilings, including the plea for a much deserved death. In the case of the true melancholiac, we understand that it is

his superego which rails against the lost or rejecting love-object, now introjected into and dispossessing the ego. (This is a topographical dynamism conducive to the final defence mechanism to be described.) However, if we now reinstate a part of these victims' reality situation, we recognize these self-accusations as being but the echo of those whereby they have been bombarded, for weeks or months, by their prison persecutors. Thereby, as will be seen, in denouncing themselves, they testify against their introjected accusers.

Weissberg and others state that unsuitable trial victims are either demoted into obscurity, or else murdered, long before public indictment. His own survival, miraculous as it is, seems to have been chiefly due to the fact that he precisely counter-exploited his inquisitors' technique. Thus he, a foreigner, constantly queried the ego capacities of his several persecutors either to assess reality, or to possess the authority to do so. Furthermore, his iron constitution enabled him to triumph over his excruciating fatigue for such stretches of time as to be able physically to exhaust them.

Weissberg, as well as others, rarely Russians, gives us a mass of material relating to the many ways of exploiting the interacting needs and weaknesses of bodily and psychical processes, in order to bring about a massive regression of ego faculties. These include the loss of capacity to integrate one's own past reality, through induced falsification of memory and motive. Imposition of extreme bodily exhaustion is the common denominator of the disintegrative technique, accompanied by selected variations according to each individual's physical needs or narcissistic cravings. Special emphasis is placed on the great disruptive value of rapid switching of the victim between conditions of sudden granting and extreme or individually selected withholding of physiological comfort. Any improvements come to be felt as hoped-for indications of lessened detestation by his inquisitors. In practice, it would seem that the victim is made to feel that forgiveness is at hand, when he can permissibly refute accusations of certain less vile crimes if he accepts culpability for something even more impossible and unlikely. For, it has to be remembered that the less realistic accusation, especially when supported by the testimony of the least likely witnesses, i.e. completely unknown people or,

³ Alex Weissberg: *Conspiracy of Silence*.

by contrast, members of his own family, is both the most shocking and the hardest to disprove. Lengthy depositions written by others, and 'voluntarily' signed by the exhausted and confused victim, further pervert his reality sense. Memory of oneself and of one's past actions and intentions are important aspects of ego-integrity. Thus, the victim's previous activities become metamorphosed for him into the disguised machinations of the primary processes of the id, the betrayers of us all. The keynote of these accusations is that the victim is so despicable that any decent motives—i.e. claims to possess an ego-ideal—can only be partially conceded, on the basis of super-ego toleration, by his further admission to being despicable. Finally, through the accompanying process of introjective identification, his inquisitors are reacted to as if they were extensions or projections of the victim's increasingly harsh regressed superego.

If we accept this picture of reorientation of the psychic systems through imposed falsification and introjection, we can understand both the melancholic quality and the defensive purpose of these confessions. The lost love object against which they rail is their own ego, now distorted to an id-ridden caricature, which is as abhorrent to their ego-ideal as it appears to be to its creators, namely their inquisitors. Turning now to the superego, its perversion comes about in two different ways. On the one hand, release of sadism without external outlet conjoins with that of their persecutors, while regression to basic narcissistic needs and cravings imposes an extreme dependence.

What, then, is left to these men in the face of implacable hatred, to render the prospect of their imminent execution tolerable to themselves? They have but to share the abhorrence for their own person, in order collectively to 'enjoy' its active relegation to destruction. In doing so, they vacate their position of helpless victim, and re-align themselves with their immortal accusers, the present-day representatives of their Cause. Here we have the direct defence mechanism of 'identification with the aggressor', operating between the ego and the superego. But as Bukharin shows so clearly in his farewell speech, there are two quite separate states of mind at work, between which he switches so poignantly. The first is that of self-condemnation, as just described. In it, his

regressed superego, bloated with the introjection of his persecutors' accusations, turns on his falsified ego and declares it hateful. But now, quite another picture emerges of the loyal idealist, forever faithful to the Cause. Having declared his guilt, actually his unwillingness to adopt a paranoid attitude towards the West, he then, for a brief while, sets about proving that he is a man completely innocent of reality treachery to the Cause he loves even more than himself. At this moment, when showing that his real ego still survives, he is able completely to dissociate his ego-ideal from his superego. In so doing, he is enabled to examine his reality actions in the light of his ego-ideal, and to adjudge himself true, i.e. his ego is his assessor. But now comes a double break or switch-over point in this remarkable testament. He next openly addresses himself to the West in order to warn it of what can happen to innocent people such as himself, under the Soviet régime. Having thus truly 'betrayed' his present-day persecutors, he goes on to declare that his ego-ideal is so completely identified with his Cause, that he is empowered to confess in its service. Here we have quite another mechanism of defence. In order to preserve his ego-ideal intact, unbesmirched and forever constant, he freely offers himself to his dedicated Cause, and so enters into a state of grace. Through Bukharin's closely reasoned dissociation of ego-ideal from superego, we are enabled both to differentiate these two mental systems and to see another mechanism at work, akin to altruism, namely 'identification with the idealized aggressor'. Thereby these victims confess *ad absurdum*. This mechanism is not new in history. Religious heretics, when being burnt at the stake, sometimes did the same.

That this is so, at any rate in the case of Bukharin, will be shown by interpolated quotations, with the permission of Fitzroy Maclean, from his eye-witness chronicle⁴ of Bukharin's noble last speech. Orwell's 'double-think' and the mechanisms described provide the key to its understanding.

This London and Soviet material poses the wider question whether our therapeutic efforts would not be better served if we kept the ego-ideal and the superego clearly apart by recognizing the differences in their composition and dynamics. We should then, for instance, be less likely to mistake their simultaneous operation for that of ambivalence.

⁴ Fitzroy Maclean: *Eastern Approaches*.

APPENDIX

BUKHARIN'S TRIAL SPEECH

Extracts from *Eastern Approaches*, by Fitzroy Maclean,⁵ (Chapter VII, pp. 109-110).

'But one speech, by its eloquence and dignity, stood out far above the rest. On the evening of March 12th Bukharin rose to speak for the last time. Once more, by sheer force of personality and intellect, he compelled attention. Staring up at him, row upon row, smug, self-satisfied and hostile, sat the new generation of Communists, revolutionaries no longer in the old sense, but worshippers of the established order, deeply suspicious of dangerous thoughts. . . .

'(Bukharin) began by making a formal confession of guilt. He accepted, he said, once more, full "political and juridical responsibility" for all the crimes which had been committed by the "bloc". These crimes, high treason and incitement to revolt amongst them, rendered him liable to the death penalty. There again he was in complete agreement with the Public Prosecutor, who had asked for a death sentence. But, having said this, there were one or two charges which he would like to examine in rather greater detail.

'And then, having, in principle, admitted the justice of the case which had been made out against him, he proceeded, uninterrupted this time, to tear it to bits, while Vyshinsky, powerless to intervene, sat uneasily in his place, looking embarrassed, and yawning ostentatiously.'

[Here follows, in Fitzroy Maclean's account, the outline of Bukharin's detailed refutation of the false charges and testimonies made against him. Having thus shown conclusively that he had preserved his personality intact, he then apparently reverted to the opposite state, as follows.]

Having proved his innocence, he went on to say that:

' . . . all this did not mean that he was not guilty. The crimes for which he had accepted political and juridical responsibility were sufficient to justify his being shot ten times over. And so, before finishing, he would like to give some account of the political and mental processes which had brought him to where he now was.

'To some extent his own evolution and that of his friends had been the logical consequence of their opposition to the régime. Having once abandoned Bolshevism, they were inevitably, irresistibly forced into the position of counter-revolutionary bandits. But, despite their disloyalty [actually in no way specified—A.B.] to their Fatherland, they lacked faith in their own counter-revolutionary cause. Their conscience was uneasy.

They had, as it were, a split personality. *The compelling spell of Socialist construction was hard to resist.* Therein lay the strength of the Soviet State; it had power to sap the will of its adversaries. Ultimately even they were bound to repent and confess.'

[Now comes the beginning of his subtle declaration of his real crime in the eyes of the Soviet, namely an inability to hate and falsify the West.]

'He said, "Western intellectuals who were puzzled by what happened at the Soviet State Trials could not understand this. They did not realize the fascination which the proletarian State exercised even over those who sought to betray it. Such things could not happen in capitalist countries. Only in the Soviet Union."

[Here he warns of his true plight, namely helpless subjection to uneducated and brutal demagogues. This confessional warning to the West then logically marks Bukharin's final break or switch-over point, whereafter he vacates the role of unprotected victim for that of active executioner. If one closely follows his further exposition, one sees the expression of his need to identify with, or be identified to, on a positive basis. When this is denied him, since all his libido is invested in his Cause, there is no reason left for his existence.]

[To return to the run of his trial. Having stated that such things could happen only in the Soviet Union, he continues in somewhat misleading fashion, as follows.]

'People had attributed the confessions of the accused to oriental drugs, or hypnotism, or the workings of the Slav soul. But that was all nonsense. Anyone could see, if only by the way he himself argued with the Public Prosecutor, that his mind was perfectly clear, that he was neither drugged nor hypnotized.

'Perhaps, he continued, he might dwell on his own case for a few moments more. He would not keep them much longer. He was speaking, probably, for the last time in his life.

'Why had he admitted his guilt? In prison he had had time to look back over his past, and he had asked himself this question: "If I die, what shall I be dying for?" It was then that he had found himself looking into a black abyss, and had realized that, if he died unrepentant, there would be no Cause left to him to die for. [i.e. his ego-ideal could not be destroyed if it were dedicated to the living.—A.B.] And if, on the other hand, he were by some extraordinary chance to be spared, there would, without repentance, be nothing left for him to live for. He would be an enemy of the people, an outcast, cut off from humanity. [Bodily survival would mean the death of his ego, through inescapable superego hatred.—A.B.] It was then that all the positive qualities of the Soviet Father-

⁵ Reprinted by the kind permission of author and publisher from *Eastern Approaches* by Fitzroy Maclean (London: Messrs. Jonathan Cape Ltd.). Published in

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land came back to him more forcibly than ever, and it had been that that in the end disarmed him completely and caused him to bow the knee before the Party and the Country. Personal considerations had long since ceased to weigh with him. His repentance and confession represented the moral triumph of the Soviet Union over yet another of its opponents.

[To my mind, his words serve as an excellent clinical exposition of the differences between the ego-ideal and the superego and their origins. The ego-ideal represents the conflict-free aims of the ego and it allows of some narcissistic pleasure. It is the territory of positive identifications and the magnet for sublimations. By contrast, the superego measures only the distance or discrepancies between ego achievement and ego-ideal, in order to condemn. It takes its standards from the forces of prohibition, which limitations the ego accepts, out of fear of the consequences of disfavour. Indeed, as Bukharin shows us, as he switched between his assessment of himself in terms of his ego-ideal or of his bloated superego, when he brings his real ego-ideal into question, his normal ego can temporarily return to act as its discriminating assessor, to prove it loyal. When, however, his superego adjudges him, it takes into account, not his overt actions, but those to which he had avoided

all conscious expression, and it adds them to those of his persecutors. In so far as conscience does not reside in the ego, it serves as an indiscriminating inhibitor, omnipotently confusing the world of thought with the world of action, or, as Shakespeare puts it, 'Conscience doth make cowards of us all.'

Bukharin's 'confession' in the end amounts only to his admission of lack of indoctrination with hatred. His remarkable last words served as a composite expression of his helpless despair for himself, a noble warning to the unenslaved West to heed his example, and his undying allegiance to the Soviet. Thus, he ends as follows:]

'Left-wing circles abroad would probably seek to defend him. He did not want their defence.

[Actually not of much practical use to him after death.—A.B.] They would do better to profit by his example. "My own fate," he concluded, "is of no importance. All that matters is the Soviet Union."

[It would seem to me that these trials serve only one good cause. In coming to understand the ways in which these victims' psyche is 'reduced' almost in the chemical sense, a jewel is rediscovered. That jewel is the ego-ideal. Freud, having given it to us as an entity, later deprives us of its illuminative brilliance by fusing it with a baser gem, the superego.]

A PSYCHO-ANALYTIC STUDY OF PREGNANCY IN AN 'AS IF' PERSONALITY

By LEO H. BARTEMEIER, DETROIT, MICHIGAN

In 1934 (1) and again in 1942 (2) Helene Deutsch described her psycho-analytic observations on several patients 'whose whole relationship to life had something about it which was lacking in genuineness and yet outwardly ran along *as if* it were complete'. She found that the apparently normal relationship of these patients to the world corresponded to a child's imitativeness and was the expression of identification with the environment, a mimicry which resulted in an ostensibly good adaptation to the world of reality despite the absence of object cathexis. The same emptiness and the same lack of individuality which was so evident in the emotional life of the "as if" personality appeared also in the moral structure. They were completely without character and wholly unprincipled in the literal meaning of the term.' One of Dr. Deutsch's patients 'behaved like a child in that stage of development in which its instinctual drives are curbed only by immediate external authority. In "as if" patients the objects are kept external and all conflicts are acted out in relation to them. Conflict with the super-ego is thus avoided because in every gesture and in every act the "as if" ego subordinates itself through identification to the wishes and commands of an authority which has never been introjected.' Dr. Deutsch stated that these patients were 'suggestible and their aggressive tendencies were almost completely masked by passivity. The narcissism and the poverty of object relationships so characteristic for an "as if" personality' led her to consider the relationship of this defect to psychosis. 'The fact that reality testing is fully maintained removes this condition from our conception of psychosis.' Her first two analytically observed cases led her to suspect a schizophrenic process. Dr. Deutsch expressed the opinion that one of the basic factors in the etiology of the 'as if' personality 'was related to a devaluation of the

object serving as a model for the development of a child's personality'.

In 1937 Anna Freud (3), in describing the peculiarities of the object-relations at puberty, pointed out that 'the changeableness of young people is a commonplace. In their handwriting, mode of speech, way of doing their hair, their dress, and all sorts of habits, they are far more adaptable than at any other period of life. Often a single glance at an adolescent will tell us who is the older friend whom he admires. But their capacity for change goes even further. Their philosophy of life, their religion and politics alter, as they exchange one model for another, and, however often they change, they are always just as firmly and passionately convinced of the rightness of the views which they have so eagerly adopted. In this respect they resemble a type of patient described by Helene Deutsch, in a clinical work on the psychology of adults, as being on the borderline between neurosis and psychosis. She calls them persons of the "as if" type because in every new object-relation they live *as if* they were really living their own life and expressing their own feelings, opinions and views.'

The patient whom I studied was a young married woman who consulted me because her father had been in analysis with me several years previously. She came to analysis because she had lost interest in her husband and their twenty-two-months-old son. She had suffered a severe disillusionment about herself at the time of her marriage and again when she had given birth to their child. Prior to her marriage she had believed that she would enjoy much sexual happiness with her husband and that she would be an excellent mother to their children. Instead, she had consistently hated her husband during sexual intercourse from the time of their marriage and had neither permitted him to kiss her nor to fondle her because these activities were equally

¹ Paper read at the 18th International Psycho-Analytical Congress in London on July 29, 1953.

repulsive to her. As a mother she regarded herself as a failure because their child had cried incessantly during the first months of his infancy and he continued to manifest his unhappiness with her when she came to her analysis. She wished that something would happen so that her husband and their child would disappear and she could be happy again. She said from the beginning of her treatment that she hated them both. She also said that she was somehow responsible for her unhappiness because her husband had always been kind and considerate to her and because their child had been deprived of his natural satisfactions through her inability to love him. This correct appraisal of reality made it seem doubtful whether this patient was suffering from a psychosis. Her lack of affect, however, in relating her wishes for the death of her husband and their child, the ease with which she communicated these thoughts during the first days of her analysis, the absence of any guilt feelings in connexion with these phantasies, together with the lack of object-relationships, bore a striking resemblance to Helene Deutsch's description of the *as if* personality. Subsequent events confirmed this preliminary impression.

The patient had been reared by a series of nurses and governesses. At an early age she had been under the influence of her older sister who had trained her to be tough and hard and never to be weak by showing any of her feelings. The patient said that her father, whom I had known as a severe anal character, had always insisted upon kissing each of his children whenever he took leave of them and on dancing with them when the family attended social functions outside the home. The patient correctly interpreted these rituals as her father's need to carry out conventionally correct forms which were empty of any affection. In the patient's words, 'I almost died from embarrassment at those times, but mother said we had to dance with him to avoid hurting his feelings and have him become angry with us.' Although her father criticized her frequently and never expressed affection for her, she respected him for his honesty, his intelligence, and his adherence to correct social behaviour. In contrast to this attitude towards her father, the patient was unable to respect or trust her mother because of her patent insincerity and her unreliability. She hated her whenever she pretended to love her, and both she and her sisters had known that their mother was incapable of any true affection for them. They knew also that their mother had often

exploited them to increase her own prestige and that this constituted her main interest in them. The personality of the mother, who had been in analysis for five years without any marked improvement, bore a resemblance to that of the patient. Mental disorder was prevalent among the patient's relatives.

The patient's enuresis, which persisted into her seventh year, was accompanied by phantasies of having a penis and urinating like a boy. This was revealed through her associations and her dreams during her analysis. The enuresis was replaced by clitoral masturbation which persisted into her sixteenth year. After she discontinued it she developed peri-anal pruritis and subsequently engaged in anal masturbation. Following a surgical operation for rectal fissures, the pruritis recurred and she resumed her clitoral masturbation.

Prior to her marriage the patient and her fiancé indulged in unusually prolonged kissing, mutual masturbation, and dancing. Her analysis disclosed that kissing represented a partial gratification of her cannibalistic impulse and that in masturbating the man and dancing with him she satisfied her wish to be masculine, through her phantasy that his erection was her own. From her childhood she had been strongly attracted to women's breasts. Her own breasts were very small like her mother's. During her analysis it became evident that the intense penis-envy of her childhood had never been repressed. Her phantasies of castrating little boys who were her playmates differed in no respect from her hatred of her husband because he possessed a penis.

In the eighth month of her marriage when the patient and her husband were most unhappy with each other she unintentionally became pregnant. After mistaking the initial symptoms of her pregnancy for an infectious disease, she reacted to the reality situation with an acute depression of several weeks' duration. As her breasts and her abdomen enlarged she experienced marked feelings of satisfaction with her body and she became socially at ease with others. Through her pregnancy she had regained the confidence she had had in herself prior to her marriage through having regained her masculine identification with her father. The following remarks from one of her analytic hours clearly describe this: 'As I grew larger, I felt useful and important. I admired my new figure in the mirror, I felt proud of my shape. I wore all my clothing loosely and I purchased the finest

maternity dresses I could find: I never had the wish which other girls described by saying "I just can't wait until I get flat again." I felt excited and happy every time the baby moved and towards the end of my pregnancy I tried to express fluid from my breasts. I was intrigued with my navel sticking out and I would push it in: I had wanted a boy and I would have been crushed if he had been a girl. Being pregnant, I wasn't expected to be passionate. I was a mother. I could be relaxed. I was not expected to be a young girl with passion.'

She described the onset of her labour in the same way that she had portrayed her reactions to her first menstruation. On both occasions she had been prepared in advance for the onset of the event and she was able to recall the dates and the days of the week upon which they occurred. She said that her first menstruation and the onset of her labour pains were the happiest, most exciting, days of her life. She had known exactly how to manage herself in both situations and she did so with promptness and efficiency.

In her analysis she excelled in recounting. There was a smoothness and a perfection in her remembering and in the way that she presented her material that were significant and had meaning in themselves. The way she behaved in her analytic relationship had to do with exhibiting the exactness of her intellectual understanding for her own life. At the same time she used her intelligence to control the environment. The very perfection of her formulations was already something that was distinct. It was without affect. Her account of her first menses and her first labour pains showed her pride in being a perfect machine. It was as though she were saying 'See what an excellent observer I am in situations in which other girls become unhappy or frightened.' She possessed a highly sensitive memory and it was almost like a compulsion for her to be extremely accurate in reporting her dreams.

After the onset of her labour, she was aware that she did not wish to give birth and that she wanted to retain the child within her body. She recalled hearing the doctor's remark to the nurse: 'This patient will not co-operate. She will not bear down.' When she regained consciousness after general anaesthesia, the nurse asked her whether she knew she had given birth to a baby boy. To this question she replied, 'I did not have a baby, I just had some pains and went to sleep.' She did not like her infant when

she saw him for the first time, because she had thought he would resemble her brother or her father, and he looked like her sister-in-law whom she hated. She said that the baby was a little stranger, that she did not like him because he looked so strong and robust and because other people had seen him before she had.

Her pregnancy had been valuable to her as long as the foetus had been a part of her own body. She had wished to retain it within herself as she did her faeces and those other particles of her body which had the same significance for her. After tearing off pieces of cuticle from her fingernails she would eat them, and she did the same with her nasal secretions after they had hardened. She had always been constipated and she equated the process of childbirth with defaecation.

This patient had a strong narcissistic identification with her own family as contrasted with her husband's family which she devalued. Her identification of their child with her sister-in-law had this significance. Her reference to their child as a little stranger was not only an expression of her hatred of the object which had come into the world without her experience of having produced it, but also referred to the birth of her only brother, which occurred when she was seventeen years old and while she was away from home. In giving birth, this patient suffered the loss of her masculine identification and all her feelings of being important and useful like her father, with which her pregnancy had provided her. For a short time she nursed her baby, and regarding this experience she said: 'I thought of my breasts as functional and I did not mind people seeing me nurse him. I felt proud of my breasts during nursing because they were useful and because they were larger than usual.' This transitory restoration of her identification of her breasts with her father's penis was identical with the way she had felt about her entire body during her pregnancy.

At the time that this patient began her analysis, she complained of being completely helpless in caring for her child, who was then twenty-two months old. She said that he sucked his thumb excessively, that she had no interest in playing with him, and that he was so much trouble for her. She could not frustrate him nor could she do anything for him without becoming afraid of her wish to destroy him. She said, 'I hate him when he cries and I want to hit him and I become afraid I will. All his crying is my fault.' These presenting complaints did not include any

manifestations of anxiety and left the impression that this patient had a very complex system of defences by which she was capable of keeping her anxiety in abeyance. She described her child as if he were a penis which did not belong to her and over which she could exercise no control because of her wish to protect him from her murderous impulse. She complained that he held himself so stiffly, that he wriggled too much and that he was too restless. She wanted him to be relaxed and limp or asleep so that she might feel like a mother. The relaxed baby seemed more like a part of her own body, and if he were relaxed and limp there would be no danger. The limp penis reminded her of her own clitoris.

After she had been in analysis three months she expressed the wish to have another baby, and four months later she announced that she was pregnant. She reported this fact as though she were a perfect organism or a machine which operated with precision. Again, she was without affect on an occasion when her wish had been fulfilled and considerable affect would have been appropriate. She represented her pregnancy in a dream as a fake lock of brown hair which she identified in her associations with the artificial hair of one of the dolls of her childhood. In her dream she had portrayed her pregnancy as a facsimile of reality and at the same time as a fake penis.

In wishing for another child she was motivated to a considerable extent by her difficulty in distinguishing between phantasy and reality. She repeatedly said that she wished to have another baby because she was so dissatisfied with the size of her child. 'I am repelled by his size. He is too big. I should think I would want him to grow up and be a big boy. I just love holding a sleeping child and the smaller the better. Asleep, a child needs me the least. That is when I am strongest. My child reminds me of my brother. His hand looks so large. He is huge for his age and he is too heavy to carry. I always feel that he is too big in relation to me. I was sitting alone in the kitchen and he toddled in and I had to observe how small he was in comparison to myself because in my phantasy he is so big. I want a small sickly child that will cling to me. I don't want a healthy independent child who runs off by himself. Something fascinates me about new-born babies. My mother is the same way. Everything that goes with birth, with hospitals and nurses is exciting to me. Why am I so preoccupied with labour,

with birth, with the new-born until he is one month old? To have a baby half-way out and half-way in would be ghastly.'

In these thoughts the patient portrayed herself as if she were her mother and as if her child were her brother. At the same time she showed that she was occasionally capable of distinguishing her phantasy regarding her child's size and the reality situation. It was also a question whether her dissatisfaction with the size of her child was connected with her clitoral masturbation complex. She repeatedly imagined that her child was larger than he was. Her fascination about new-born babies and the process of birth focused so clearly upon her wish to have something as part of herself, that is, to regain the illusory penis she had lost in phantasy.

Because of the severe impairment in her object-relations this patient had a considerable capacity for illusion. Her differentiation between fact and phantasy was frequently not clear. She recalled, for example, waking from sleep in her childhood and not knowing whether she was dreaming that she was urinating or whether she was awake and urinating on a toilet. She had to wait for the sound to determine the reality of the situation. During her analysis she spoke of her inability to throw away any food even though she thought it might be spoiled. She said she would serve such food to her child for his noon-day meal and would then watch him for any signs of his having been poisoned. Upon questioning her closely, however, it was learned that she also ate the same food herself and that neither she nor her child had ever suffered any ill effects. Like her father, she was an honest person, and the incident, as she had related it in her analytic hour, was characteristic of her unintentional adulteration of reality with phantasy.

Throughout her second pregnancy much of what she had said about herself during her first pregnancy was confirmed during her analytic hours. She felt that her complexion was better and that everything was better when she was pregnant, as if she really wanted to become a mother. Her pleasure, however, came from the fact that she felt useful, that her body was so much improved and that in these various ways she did not feel so inferior as she did when she did not have this extra part added to body. She was an 'as if' mother. Although she went about socially she saw other persons 'as if' they really were her friends, but actually she had no effective relationship with anyone, her husband included. He was also a very passive person

who, during his own analysis, was found to have a personality very much like her own.

During her second pregnancy the patient repeatedly expressed the hope that she would remain conscious during her delivery because she wished so much to see her baby immediately after giving birth to him. When her labour began it proceeded so rapidly that the birth of her infant took place in her home and without anaesthesia. In recalling this delivery she said that it had been 'awfully frightening' but that it was 'the most natural of all natural childbirths. I felt that I knew this baby better than anyone else. I did not have the feeling against this baby that I had against the first one. I could not get used to the idea that I did not have my first baby with me. I felt that my second baby was my first child. Having shed the responsibility of my first child, I did not want to see him again. This baby I enjoy and cuddle and love. I enjoy hearing him cry. It is so wonderful to enjoy a baby. He is happy and has good digestion.'

In her next analytic hour the patient said that she had had the following murder dream during the previous night: 'A fellow thug was working on my husband's torso. He then held up my new baby for me to shoot. I complained I don't want to go through with it. In the dream I had to find my husband and shoot him.' The patient related this dream as calmly and as coldly as she had related her murderous wishes towards her husband and their first child in the beginning of her analysis.

Her relationship to her children was so difficult because it was not an object relationship. She presented the problem of a mother who not only had to protect herself from her destructive impulses against her children but who was at the same time identified with them on the most primitive level. Her pregenital impulses were

immediately reflected in what her children did so that there was an inner danger and a danger projected on to her children. This led to her particular detachment or a sort of avoidance of her children.

Although this preliminary presentation was intended only as a description of the significant reactions of this particular patient to her pregnancies, the process of giving birth and her relationships to her children, it tends to shed additional light on the problem of the 'as if' personality. From what has been learned so far it would appear that the basic problem with this patient is her inability to establish a true identification with either one of her parents. She repeatedly gave the impression of having achieved nothing more than the capacity to imitate them or at most to have acquired an imperfect or incomplete identification. That this process was accomplished more firmly with her father than with her mother is evident from the material in her analysis. When she was forced into an imitative role with her mother through her marriage and through becoming a mother, she suffered a severe loss of self-esteem, and both these roles brought her into considerable danger with her own pregenital impulses. She recaptured her narcissistic imitation of her father through her pregnancies and through her experiences of nursing her children.

In a subsequent presentation an effort will be made to describe her relationship with her husband, her analyst, and the difficulties encountered in her therapy. Eventually it may be possible to correlate the material from the therapeutic analyses of her parents with the material of her own analysis, and in this way to add to our understanding of the 'as if' personality and the original studies provided by Helene Deutsch.

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HEADACHE AND PRIMAL SCENE¹

By DANIL O PERESTRELLO, M.D.,² RIO DE JANEIRO, BRAZIL

Analysis of a group of patients who, in addition to their psychoneurotic disturbances, had been suffering for several years from headaches of both the common and the migraine type, revealed to me that they presented certain characteristics in their psychological structure and that the headaches were related to phantasies of the primal scene and to the specific way in which the ego attempted to elaborate the situation. Furthermore, it was possible for me, up to a certain point, to clarify the relationship between the common headache and migraine.

The limited extent of this paper prevents me from furnishing the ample supporting material and also obliges me to be somewhat schematic in the exposition of my findings.

My experience deals above all with female patients, of whom I shall select three: O. B. with typical migraine, from scintillating scotoma to the final vomiting; E. S. with common headaches; and M. C. with rather atypical migraine, i.e. a case intermediary between the first two patients. The material from these patients as here set forth should not be taken separately, but rather as fragmentary aspects of a whole to be regarded as if it belonged to one single patient.

In their structures all the patients possessed a common foundation in which the depressive position predominated. The basic conflict was the same, both in the cases of headache and in those of migraine. The deep psychological material showed that there is no reason to separate migraine from other kinds of headache. The two possess the same mechanism and content. The only difference lies in the intensity of the process. Whereas in the common headache the sufferings are restricted to the head, in the migraine—owing to the greater intensity of the conflict—the head is not sufficient to express it and the patient resorts to other means of expression and dis-

charge, such as muscular pains, paræsthesia, etc.

In the analyses my first finding was the relationship between the crises of headache and contact with the opposite sex, both in the present and in the individual case-histories. The headache was the more acute, the more unsatisfying had been the sexual discharge. At periods when they did not feel excited or did not approach the opposite sex the patients remained free from attacks. A typical case was that of M. C., whose first crisis came on when she began pregenital sexual play with her fiancé. As intimacy between them grew her crises became more frequent and intense, and still more so when she started with coitus. O. B. seemed to have escaped from this rule, for her first crisis made its appearance at only thirteen years of age, one day when she was riding in a tram. As a matter of fact, however, her associations with this ride led infallibly to unconscious phantasies of masturbation and coitus, starting from the vibration of the tram.

The psychological material connected with the subjective sensations during the crises was related, in the first layer, with elements of the phallic level, as may be seen in the following dream of E. S.: 'I dreamt I had such a bad headache that I went and saw a gynaecologist. I went into the consulting-room, but I didn't see him. On the examining table there was a man lying in the gynaecological position wearing ballet tights.' The patient associated that the day before she had woken up with such a violent headache that she could neither hear nor see all day. She felt as though her head were swollen. The position the man was in reminded her of one she sometimes assumed on my couch with her knees bent. She remembered a paper on cancer of the penis that she had read in a medical journal: There are cases in which it must be extirpated, in which event the man has to urinate just like a woman, which

¹ Paper read at the 18th International Psycho-Analytical Congress, at London, on 20 July, 1953.

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the patient found very depressing. The ballet tights led her to the dancers who are usually homosexual, with subsequent associations concerning homosexuality.

The interpretation is obvious: the gynæcologist she does not see is myself, and she is the man under examination. In the grip of a severe headache she comes to me to extirpate the penis she possesses in phantasy (her homosexuality). The swollen head, i.e. erection, is the displacement upwards of the penis.

The patient M. C. had a feeling as though an aeroplane had embedded itself in her head, and O. B. talked of having her head congested through the effort of urinating in a jet as her brother used to do in her infancy.

From what has been said above one might suppose that it was only a question of phallic conversion, but deeper analysis brought to light characteristics belonging to more regressive levels directly related to the symptoms of the attack.

O. B.'s jet of urine not only represented her penis-envy but was also interwoven with her urethral sadism; it was seen in transference that she unconsciously desired to urinate on me with obvious destructive intentions, just as in her childhood, together with her brother, she had tried to direct a jet on a maidservant on whom she wished to take revenge. The above-mentioned journey on which her first crisis broke out was associated by her with horror with a tram that had crushed a little girl's head. The description she gave was that of a veritable butchery, 'as if it were chicken flesh torn to pieces by someone's teeth, as at royal banquets of olden days, flesh eaten with wine and with one's fingers', which of course revealed her intense oral destructive impulses.

On the other hand, E. S. referred to 'hæmorrhoids in her head' and on one occasion when the headache disappeared during the analytic session, it was shown, from certain phantasies about enemas she used to have during coitus, that her relief was represented by the intestinal discharge. Shortly before she had said that she could not feel quiet with her head full of such filth.

From what I have presented so far we may sum up the situation of my patients in the following way: Starting from the repressed and undischarged sexual excitement owing to a lack of maturity in their libidinal organizations, and with a very regressive sadistic idea of coitus, the patients presented headaches through the

mobilization of phallic, anal, oral, and urethral elements.

Nevertheless, the characteristic element in all this is the meaning of these pregenital elements in relation to the internalized objects.

Thus, the aeroplane embedded in M. C.'s head arose in a dream: 'An aeroplane in flames crashes on to my house, it sets it on fire and buries itself in the roof, the smoke covers it all and I can't see anything; I escape in my nightdress and outside I think of the lovely things my mother will lose.'

She associated this with aeroplanes that frighten one by going into a spir and with the headache, as if she were in a desert and the sun scorching her eyes and forehead. She also associated my matrimonial relations, adding that my wife might have been in the park that sunny day—sunny and cloudy like her head.

The aeroplane (the father's penis) in flames (excited and in erection) crashes on to the house and causes the loss of the mother's lovely things (loss of her mother). The house, in its turn, is the patient herself who has the aeroplane embedded in her roof (head). She loses the mother in a destructive coitus. Her eyes and forehead burn (excitement, headache) and everything looks cloudy (the darkness of her parents' room).

It seems clear that M. C. lived the whole of this drama in her head.

Moreover, M. C. practised the sexual act with a very special ritual. She lay on top of her fiancé and he had to describe to her the conquest and possession of a woman whose particular features fully coincided with those of her mother. She then felt as if it were not she who was carrying out the act but the other woman, as if she were in a corner of the room and watching the couple in the bed. She usually imagined a canopy-bed, 'as if I were living in another age and in a foreign country'. Needless to say, the patient was watching the coitus between the parents with whom she identified herself. When she had slept in her parents' room she had been present at their sexual relations and after being moved out she continued being spectator within herself.

As for her paræsthesia it could clearly be seen that it also represented the same thing: she often compared her parents to ants, and used to say that the sensation of crawling ants was as though the creatures were fighting inside her.

O. B.'s ride in the tram was shown by her

associations to stand for one of the many journeys she used to make as a girl when accompanying her mother to the doctor. This doctor was her mother's lover and a surgeon of the head; the patient had often been operated on by him in her childhood (deviation of the nasal septum, tonsils, etc.). She often used to sit waiting for hours while her mother was in the consulting-room.

I think it now becomes clear why the vibration of the tram was associated with the movements of masturbation and coitus and why she was horrified at the girl with the crushed head who was none other than herself. One day when she had woken up with muscular pains in her back, a symptom that used to accompany her headaches, she related a dream in which a little girl was crushed between a couple who pressed against her head and back.

O. B. was perhaps the one who felt most vividly the experience of becoming conscious of her infantile phantasies. The doctor and her mother, her father and her mother, myself and my wife, always in copulation in every imaginable position obsessed her with such exceptional intensity that 'she simply couldn't get us out of her head'. At this time it came to light that the jet of urine was plainly directed at the parental couple in copulation. Apropos of the feelings my voice aroused in her she said, 'I thought of the first time I masturbated; my mother was talking over the telephone to A. He was a flirt of hers, as she has now admitted, and her voice was soft. I was excited to hear her and felt like urinating. I left the room and did it on to my hand. I liked the feeling and repeated it afterwards pressing my hand against my genitals'. In a certain period after this she used to masturbate when watching from her window couples caressing in the street.

I will next refer to a perverse mechanism presented by this patient when her analysis was already at an advanced stage. She had had an unsatisfying coitus and had woken up in the morning with a headache. She then decided to lie down and make free association of thought in her own home, just as if she were at a session. She thought over her crises and the relation they bore to her sexual life. She thought of her parents, and their coitus at once came powerfully to her imagination. At that moment she had an orgasm and her headache went away.

As for the scintillating scotoma, she associated it with something like lightning that

illuminates things fleetingly and then leaves everything in the dark again; she also associated it with something that suddenly struck her. Here we see that the illumination of the parents' room, i.e. the light thrown upon the parents in copulation, struck her like a flash, which is not only due to the traumatic character of her spying upon the primal scene, but also to the projection of her own destructive impulses upon the couple.

E. S. possessed a rather marked hyperacusia, and her first words before lying down at the first interview were to the effect that my consulting-room was indiscreet, for she had been able to overhear something while waiting outside. Evidently, from her very first contact with analysis, this represented for her an encounter with the phantasies of the primal scene. Throughout the analysis the problem of noise seemed inexhaustible and was always connected with the aforementioned basic conflict. One day when she was suffering from a severe headache she related a dream. She is at the hairdresser's. In the next compartment a hairdresser and a female client are in conversation, and she hears something about 25 past 10. Her associations to 25 past 10 are related with the meal-times in her childhood, with her parents at table with everyone sitting around, and with the times of her analytic sessions; the day before she had arrived at 10.25, i.e. five minutes before time; she says she saw my front door ajar and noticed a smell like the inside of a wardrobe. While waiting she heard voices in my consulting-room. She added excitedly, 'I know; you want me to go into details, to say that I should like to have been there in that room with you, doing the dirty things you and your wife must do'. The patient spoke with unaccustomed anger and on arriving next day she declared that at the end of that interview her headache had left her. She added in a questioning tone: 'That means that the headache had some connexion with what was discussed in the session. . . .'. In this dream we clearly meet with the primal scene with both oral contents (the meal-times) and anal ones (the dirty things and the wardrobe smell) and their relation with the headache. From this dream on, I could observe that her infantile memories and phantasies centred round her parents' coitus in which they mingled their urine and faeces, as well as sucking and biting at each other.

To sum up: *it was to be seen that the jealousy,*

envy, hatred, and anxiety in these patients were basically directed at the parents in coitus whom they had internalized.

As the analysis advanced and the defences broke down, the primal scene material became more and more clearly defined, to the point that the phantasies related with it no longer left the patients and were a torture to them. In becoming conscious of these phantasies, the re-experiencing acquired such vividness that the patients spent months elaborating them, not only in relation to their parents, but also in the transference plane. This happened as though one were dealing with a traumatic neurosis in which the reproduction of the original event took place and, as the primal scene was more and more adequately elaborated, the headaches proportionately diminished,

The connexion headache-primal-scene was such an intimate one that, broadly speaking, we may say that there was not one session to which the patients had come with a headache where they did not present the primal scene in the latent content of either the dreams or the associations. Moreover, these phantasies were virtually limited to the days on which they had such attacks. It was as if these phantasies were concentrated in the symptom, and only as the analysis progressed and more repressed material came to the surface did this concentration gradually lose strength and become diluted, i.e. seek other means of expression.

The relationship stated was so close that from the dreams or the associations I was able to know whether the patients had a headache without their telling me; and *vice versa*, when they complained of a headache I was able to foretell the content of the previous night's dream.

Of course the auditory and visual functions formed an integral part of the material. At the time when they remembered or reconstructed the primal scene in an intense and vivid form, O. B. was totally blind for some seconds on leaving my consulting-room, and both she and E. S. were rather deaf for almost a week.

Now, it is commonly maintained that the precipitating factor in attacks of headache is the turning of aggression against the self as a consequence of frustrations that are not followed by discharge.

I do not believe that any undischarged frustration whatsoever will have this effect, but consider that a specific frustration is necessary, i.e. a frustration with a specific content—

something symbolizing the primal scene.

By way of illustration, let me mention a crisis of headache of O. B.'s apparently precipitated by a trivial and unspecific frustration. She had arranged to meet her daughter at 7.30 to go to the theatre, and the girl was not on time. She was seized with fury, but on her daughter's arrival she controlled herself, reflecting that she ought not to traumatize her. As a result of this she had a crisis. An excellent example, one might say, of an attack owing to the lack of discharge of hostility resulting from frustration. A dream of the patient's, however, sufficed to show that the facts did not happen quite so simply. That night she dreamt that she was on a couch with a doctor. I was present. The man lies on top of her and she does not know what is happening but has a very pleasant sensation. All of a sudden she comes to and finds that the man is no longer there. She then sees her daughter standing at the foot of her bed and is worried by the thought: 'Perhaps I have traumatized her?' I will add the associations: She notices my couch is scented; the scent must be from the patient who usually precedes her; it seems to her to be a smell of rot; Dr. X, her mother's ex-lover, used a great deal of scent; the patient before her has an air of superiority like Dr. X, and I must be a victim of this patient's just as her mother was of Dr. X. At the previous session she had been full of fury because this patient and I had been in the consulting room while she was outside; by her watch it was past 4.30; she heard our voices but could not make out what we were saying; she had left the consulting-room filled with hatred; she does not know why she made no mention of all this at the time.

It seems unnecessary to enter into very lengthy interpretations. It is clear that the frustration of waiting for her daughter is in reality the frustration with me. Myself (the mother) and the other patient, a representative of Dr. X (the father) were in the consulting-room, while she waited outside. In reality the waiting for the daughter merely represented the manifest content, a kind of displacement of the waiting outside my consulting-room. Besides, she and her daughter were going to the theatre to see a show.

I think that in every case if the analysis is carried deep enough one will discover that the factor immediately provocative of the crisis is of the specific nature referred to above.

In psycho-analytical literature, to the best of my knowledge, attention has not been drawn to this close connexion: primal-scene-headache. Nevertheless *the very phenomenology of the crisis is in itself expressive, and exactly reproduces the attitude of the child in the room where the parents are in coitus.*

In fact, a person in a strong crisis, with his head congested and throbbing, wishes to lie still, and avoids any kind of visual or auditory stimulus whatsoever. Photophobia is almost always present and the slightest notice is disturbing; sometimes even that of the person's own breathing.

It is upon the basis of these data, as I have attempted to summarize them in the foregoing pages, that I have outlined a theory of headaches from the psycho-analytic point of view.

The experience of the primal scene in a small child has the effect of a traumatic stimulus upon his mind. The traumatic character is given by the following three situations which are as a rule concomitant: (a) the union of the parents *in itself* signifies for the child that he is overlooked and that they are doing things between themselves and not with him; (b) the spectacle offered by the couple is, to an onlooker, in itself one of great brutality, simply through the muscular activity displayed, and seems, to the child's tender mind, more like a struggle; (c) in view of the fact that at a time when the child sleeps with his parents he is passing through a phase of intensely sadistic pre-genital impulses, all his aggression is projected upon the parents, and thus the idea of brutality is intensified if he should happen to witness such a scene, or he imagines it intensely destructive only in phantasy.

In any of the above-mentioned eventualities, the child suffers an *object-loss*, but it must be stressed that we are here dealing with a *double* object-loss, for he loses both father and mother together. It is easy to imagine the degree of the child's anxiety in such a situation, as a result of which he resorts to the *introjection* of these objects in an endeavour to recover them. Without doubt the introjected objects are

'bad', but the child is left with no other resource since he *needs* them and cannot live without them. Furthermore, by having the parents inside himself he sees them as good outside. Thus we may say that the parents are introjected just because they are bad, for the child prefers to be bad himself rather than see his parents as such, and hence decides to bear the badness of his objects himself.

Here thus takes place the repression of the bad objects, in the concrete case of the parents in copulation with all its destructive character. When, at a later date, some stimulus that, through its likeness to the primal scene (which is repressed), happens to reactivate the latter, this stimulus constitutes a danger of this trauma's being brought to consciousness, thereby bringing to consciousness the degree of badness in the objects. In this way the stimulus in question comes to act as a traumatic agent.

The external stimuli reminding the subject of the primal scene act, then, traumatically and the ego seeks to elaborate the trauma by means of the headache, which here assumes the same function as the dreams in classical cases of traumatic neurosis.

The headache, with all its symptomatology, which, as we have seen, reproduces the attitude of the child in his parents' bedroom, may thus be said to represent the repetition of the trauma of the primal scene.

The function of the introjection of the primal scene is aimed, besides, at the internal control of the same in an omnipotent manner, in which the ego resorts to various mechanisms (isolation, obsessive control, paranoid expulsion, manic denial). In the particular case of the migraine headache, owing to the amount of aggression and the breakdown of the defences against the activation of the internalized objects, the only possibility left to the ego of annulling their action, which has been mobilized by the specific stimuli I have described, is through the destruction of these said internalized objects (the parents in active copulation). The headache attack would represent, in the last analysis, the administration to oneself of this destructiveness in a paroxysmal form.

A REVISION OF THE CLASSIFICATION OF INSTINCTS OR DRIVES¹

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In the historical development of psycho-analysis the classification of the instincts has passed through three stages, as traced in great detail by E. Bibring in 1941 (1). In the first historical period, Freud (6) divided the instincts into two classes—the sexual instincts and the self-preservative ego-instincts; and the neuroses were seen as due to conflict between these two classes of instincts, wherein sexual instincts became repressed through defensive motives of self-preservation.

At a second historical stage, marked by Freud's paper 'On Narcissism' in 1914 (5), because of the development of the concept of ego-libido, self-preservative ego-instincts were classed with the sexual or erotic instincts; and this co-classification was still adhered to in one of Freud's last works, *An Outline of Psychoanalysis* (12), written in 1938 (p. 20). In the paper 'On Narcissism', however, Freud mentioned also 'a non-sexual energy pertaining to the ego-instincts' (p. 34); and among these non-sexual ego-instincts were included, according to Bibring (1, p. 111), both aggressive and defensive components. At this stage of the instinct theory the classification of the instincts is no longer clearly a dual one; but we might say somewhat facetiously that it is a sesqui-classification—there seem to be about one and a half groups.

In the third phase of the history of the instinct theory, which comes down to the present stage of our science, the classification has again become sharply a dual one. The beginning of this phase was marked by Freud's work, *Beyond the Pleasure Principle* (7) (1920). Here the two classes of instincts have become: (1) the life instincts or Eros or the sexual instincts, and (2) the death instincts, manifested in aggressive and destructive and hostile drives. In later works of Freud, *Civilization and its Discontents* (1929) (10) and *New Intro-*

ductory Lectures on Psycho-analysis (1933) (11), the aggressive-destructive instincts are discussed in greater detail.

Now psycho-analysts in general are sharply divided on the question of the existence of a death instinct. This seems to me possibly a question in biology or at worst of philosophy and not one of psychology. However, most psycho-analysts at the present time appear to accept the class of aggressive-destructive instincts as opposed to the class of sexual or erotic instincts. It seems to me noteworthy that the purely defensive components of the earlier so-called ego-instincts together with the entire function of anxiety have in psycho-analysis been cast out from among the instincts, although in the earliest phase of the theory it seemed so clear that the neuroses were the result of conflict between sexual (as well as aggressive-destructive) impulses (e.g. the Oedipus complex) and motives of defence and self-preservation. Instead, psycho-analysis has more and more tended to confine defence and anxiety to the ego, as exclusive functions thereof, and to deny them to the id as instinctual forces therein. That this has been a mistake is the first thesis of this essay.

Some acknowledged Freudian psycho-analysts of this modern period have not accepted the dual classification of the instincts. One of these was Fenichel (3), who in his book, *The Psycho-analytic Theory of Neurosis*, states his view in its most succinct form as follows (p. 59): 'Of course the existence and importance of aggressive drives cannot be denied . . . (But) it seems rather as if aggressiveness were originally no instinctual aim of its own, characterizing one category of instincts in contradistinction to others, but rather a mode in which instinctual aims sometimes are striven for, in response to frustrations or even spontaneously.' We shall see whether the point of

¹ Paper read at the 18th International Psycho-Analytical Congress at London on 29 July, 1953.

view to be developed in my present paper can have a bearing on such a contention.

I wish now to propose a revision of the basic classification of instincts. The two basic groups of instincts should be: (1) the erotic or vital-libidinal instincts, and (2) the defensive-aggressive instincts.

Very little need be said about the first group. It comprises the vital instincts (feeding, digestion, excretion, also respiration) and the physiological sexual instincts—thus the oral, the anal (and urethral), and the genital instinct components. No change is being proposed in this part of the classification.

In the second group, I believe that the defensive instincts should be added to and classified with the aggressive ones for the following reasons.

First of all, both from introspective observation and from objective observation of other humans and animals, the *affect-emotion-instinct* complex of *anxiety-fear-inhibition-of-action-flight-defence* deserves just as much to be considered basic instinctual as does the similar complex of *rage-anger-hate-hostility-reinforcement-of-action-fight-aggression*.

Secondly, defensive drives and aggressive drives should be classed together because (a) they have the same general function or aim—that is, to protect the body itself and to maintain the possibility (present or future) of the satisfaction of the vital or erotic-libidinal instincts, and because (b) they are closely related physiologically, both being mediated in emotional and functional aspects mainly by the sympathetic division of the autonomic nervous system, in contradistinction to the libidinal instincts, which are mediated in their expression chiefly by the parasympathetic division.

In the third place, in psycho-analytic theory parallels can be recognized between the defensive and aggressive drives. For instance, just as the ego can use a small amount of anxiety as a signal to initiate defensive actions (including repression) and thus avoid an anxiety attack or spell, it can and does also use a small amount of anger as a signal to initiate aggressive actions, avoiding the necessity for an attack of rage or a temper tantrum. And again, we can state with some justification that the ego uses defensive instinctual energies to oppose, inhibit, suppress or repress various instinctual demands and actions; and similarly we can recognize

that the ego employs aggressive instinctual energies in varying quantities in furthering, enhancing, and reinforcing the satisfaction of various instinctual needs and desires.

The question must now be raised as to why defensive instincts and drives have not hitherto been explicitly recognized as such in psycho-analytic theory. I believe that the idea of defensive instincts was implicit in Freud's early writings on hysteria and especially in his 1894 paper on 'The Defence Neuro-Psychoses' (4). When he first definitely formulated his views on instincts in the paper, 'Instincts and their Vicissitudes' (6), published in 1915, he explicitly distinguished (on p. 67) two groups of primal instincts: 'the *self-preservative* or *ego*-instincts and the *sexual* instincts'. However, his discovery of the libidinal components of the self-preservative instincts, described a year previously in the paper 'On Narcissism' (5), had shaken his confidence in this particular dual classification and thus brought about the neglect of the concept of defensive instinct components. And then the emergence of the studies on structure of the personality (8) (9), the division into *id*, *ego*, and *superego*, further undermined the conception of defence as instinctual.

For the psycho-analytic method, which led to this conception of personality structure, studies the struggles of the ego (conscious and unconscious) against the unconscious *id*, the repressed instinctual components and their representatives. In these struggles the ego battles *defensively* against various instinctual forces, most notably libidinal and hostile-aggressive ones. In its necessary preoccupation with this *defensive* activity of the ego, psycho-analysis has come to consider all defence as a property of the ego and to overlook its source in defensive instinctual energies of the *id*—and this in spite of our recognition that the ego often defends itself also against defensive instinctual manifestations, against fearfulness, cowardice, and impulses of flight.

We must not forget that defence against instincts is not the *only* function of the ego. It must of course also function to further the satisfaction of instinctual needs. Indeed we can say that at any given moment the ego is motivated by, and is engaged in expressing, instinctual components of all three subtypes, libidinal, defensive, and aggressive, in varying proportions, depending upon the needs of the moment and the individual's developed modes of responding to them.

This is the logical point at which to consider the question whether the dual classification of instincts reflects a basic fact or whether the one class of instincts (vital-libidinal) is more fundamental than the other class (defensive-aggressive). From the point of view of general function, as stated earlier in this essay, the vital-libidinal instincts seem to be the primary or more fundamental ones. For the aggressive and defensive drives have the function of protecting the organism's existence and integrity and maintaining the possibility (present or future) of the satisfaction of the vital-libidinal instincts. From the physiological viewpoint, too, I believe the defensive-aggressive instincts will turn out to be of a secondary nature; and to show this I shall have to discuss something about the physiological sources of the instincts and what I should like to call primary and secondary instinctual sources.

Let us first consider the vital-libidinal group of instincts. For respiration the *primary instinctual source* is the hydrogen-ion concentration in the blood acting upon the nerve cells of the respiratory centres in the medulla oblongata or brain stem. In this the respiratory centre acts as an internal sensory receptor or sense organ. When, as a result of exercise or exertion or of voluntarily holding the breath, the amount of carbon dioxide held in the blood is increased, air hunger can be felt and the respiratory rate increases. Conversely, if we voluntarily and forcibly overbreathe, we drive carbon dioxide out of the blood, decreasing hydrogen-ion concentration and diminishing the stimulus to the respiratory centre. As a consequence we may feel no stimulus or drive to breathe and we cease breathing momentarily, till the carbon dioxide again accumulates. During the actions of breathing, inspiratory and expiratory, stimulation of proprioceptive sensory receptors in the peripheral apparatus of breathing—the lungs, the chest wall, the diaphragm and other respiratory muscles—initiates and controls the separate inspiratory and expiratory acts. These proprioceptive stimulations may be called *secondary instinctual sources* for respiration.

In the respiratory drive or instinct all this has rather little psychological importance. But respiration furnishes a model for the other drives and instincts, where the psychological importance of these considerations is significant. We can consider the feeding instinct. Here again the level of certain substances in the blood

probably acts to affect thresholds in nerve centres in the lower brain which control the various feeding reflexes. Among these substances are certainly the blood sugar and probably other elementary food substances, possibly including the amino acids. A low concentration of these substances in the blood acts upon the subcortical centres for the feeding reactions and we have the vague unpleasant feeling of hunger—certainly as a result of nervous impulses reaching the cerebrum from the feeding centres. One result of these primary stimulations of the feeding centres (possibly also a direct effect of blood chemistry on the stomach itself) is the contractions of the empty stomach known as hunger contractions (so clearly demonstrated by Cannon and by Carlson). These hunger contractions are felt as definite painful gnawing sensations, a definite contribution to the general feeling of hunger. I would designate the chemical deficits in the blood acting on the feeding centres (here functioning as internal sense organs or receptors), plus the hunger contractions, as the *primary instinctual sources* of the feeding instinct. All these stimulations of the primary sources are felt as *unpleasant tensions*—hunger, the driving tension of the feeding instinct, which drives us to seek for food.

In contradistinction let us look at the *secondary instinctual sources* of the feeding instinct. When thresholds in the feeding centres are lowered in the state of hunger, the sight, smell, or taste of food stimulates reflex activities of the vegetative organs involved in eating, notably secretion of the salivary glands accompanied by dilatation of the blood vessels serving these glands. The pleasurable sensations set up through these reflex activities plus the *pleasurable* smell and taste of the food serve as the *secondary instinctual source* driving to the actual activities of eating, that is, chewing and swallowing, and to satisfaction of the instinct through filling of the stomach and eventual absorption of the elementary foodstuffs into the blood stream.

In the case of the excretory drives (for urination and defaecation), the primary instinctual sources are entirely peripheral and not chemical. Here the *primary instinctual source* is the stretching pressure of the excretory products in the bladder and in the rectum, which stimulates nerve endings in the walls of these organs and thus initiates the drive for and the act of excretion. I do not recognize any secondary instinct-

tual sources for these excretory instincts. To be sure, the resting tonus of the muscular walls of the excretory organs has an important influence on these drives, but variations in these tonicities are secondary to other drives, probably sexual and defensive.

When we come to the genital sexual drives, the distinction between primary and secondary instinctual sources becomes again of psychological importance. Here the *primary instinctual source* must be in the effect of the sexual hormones on the sub-cortical sexual nerve centres and perhaps also on the peripheral sexual structures involved (neural, muscular, vascular, and glandular). One of the hormonal effects on the sexual nerve centres must be to lower thresholds for sexual reactions to external stimuli. Among the peripheral sexual structures are the external secretory glands—seminal vesicles and prostate in the male, minor glands in vestibule and cervix in the female. Distensions in these glands could also contribute to the *primary instinctual source*, through afferent nerve stimulation into the sexual centres, as probably do also the menstrual cyclic changes in the mucosa of the vagina. Now when the thresholds in the sexual nerve centres are lowered to a certain extent by the stimulus contributions from the various primary sources appropriate external stimuli or memory and thought stimuli can cause through the sacral parasympathetic nerves tumescence and erectile changes in the external genitalia. These changes in turn provide powerful sensory stimulations, which act as a *secondary instinctual source*, driving the individual to actual sexual acts and satisfactions.

I think it is clear that in this view of the psychological sexual drive, the stimulations of the primary instinctual sources represent sexual tension, which is felt as unpleasant; whereas the stimulations of the secondary sources represent sexual feeling (an affect or emotion), which is intensely pleasant. (We have seen analogies or similarities in the feeding instinct.)

Now what do we find in the case of the defensive-aggressive drives? I believe we shall recognize that the only *primary instinctual source* for these instincts is pain stimulation, whether from external or internal injury or disease (or threat of injury; for sensory pain endings can be stimulated short of actual injury). From the psycho-analytic viewpoint, I think we might say right off at this point that this is secondary to vital-libidinal instincts, for pain and physical injury are interferences

with our narcissism and our narcissistic sense of well-being.

Where do we find the *secondary instinctual sources* for the defensive-aggressive drives? Our clue is in the functions of the sympathetic division of the autonomic nervous system, as clearly outlined by W. B. Cannon in 1915 in his book, *Bodily Changes in Pain, Hunger, Fear and Rage* (2). Cannon found that pain stimulation brought about widespread bodily changes in the gastro-intestinal organs, in blood vessels throughout the body, and in other organs, and these same effects also occurred when the experimental animal was put into a state of fear or of rage. Now I wish to consider that the *secondary instinctual sources* for defensive-aggressive drives are just these bodily changes, induced by efferent stimulation over the sympathetic division of the autonomic nervous system. These changes in turn produce sensory stimulations which upon central elaboration in thalamus and cortex we feel as the affects or emotions of anxiety and rage and which drive us to angry and aggressive or fearful and defensive activities.

It seems to me that in our psychological life anxiety and rage, fear and anger, defensive and aggressive activities occur very much less frequently as response to primary somatic pain stimulation than they do as response to interference with and blocking of the satisfaction of the vital-libidinal instincts. So, although I cannot claim to have proved my point, it seems to me that from various considerations—the point of view of function, the psycho-analytic viewpoint, and physiological considerations—the vital-libidinal group of instincts should be regarded as more fundamental than the defensive-aggressive group. The defensive-aggressive instincts exist to serve the vital-libidinal ones, no matter how much the complexities of individual human lives and development tend to obscure this basic arrangement.

A few more words in explanation of my views. If I seem to be a peripheralist, it is not because I do not appreciate the enormous importance of the central nervous system, both cortical and subcortical, in relation to the complexities of psychological patterns and possibilities. But I believe that important clues to the basic and the primitive are to be found in the periphery, both on the sensory and on the motor side. And I must emphasize here that I do not think that physiological theories can ever replace psycho-analytic theories and thinking,

but that physiology can perhaps help to sharpen some psycho-analytic concepts and thinking.

SUMMARY

In this paper I have first briefly traced three historical stages in the development of Freud's views on the classification of instincts, leading to the present view most widely held by psycho-analysts that there are two basic classes of instincts or drives, the sexual or erotic instincts and the aggressive-destructive instincts.

Next I have proposed a revision of this basic classification, based upon three lines of reasoning, adding explicitly defensive instincts or drives and classifying them with the aggressive-destructive drives as opposed to the erotic or libidinal instincts, so that the classification becomes (1) vital-libidinal instincts, and (2)

defensive and aggressive instincts. I have tried to show why defensive instincts have not been explicitly recognized as such in psycho-analytic theory, although they were implicit in Freud's early writings on hysteria and on 'The Defence Neuro-Psychoses'.

Finally, in leading up to the view that vital-libidinal instincts are more fundamental than defensive and aggressive ones, I have developed a physiological concept of primary and secondary instinctual sources of stimulation for the various instincts, both vital-libidinal and defensive-aggressive. I believe that consideration of the primary and secondary physiological instinctual sources can be otherwise of great importance for our theories, especially of the affects and of pleasure-displeasure—but this goes beyond the scope of my present thesis.

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A TYPICAL DREAM-SENSATION AND ITS MEANING¹

By DR. ALFRED WINTERSTEIN, VIENNA

The feeling we experience in dreams of being *astonished* is doubtless familiar to you all from your own dreams and from those of your patients. Freud in his *Interpretation of Dreams* recounts five such dreams. In the chapter about Dream-Work (section: Absurd Dreams—Intellectual performances in dreams) he mentions that 'there is an abundance of dreams in which judgements are passed, criticisms made, and facts recognized, and in which astonishment at some separate element of the dream appears, attempts at an explanation are made and arguments adduced'. In addition to this Freud makes the following important observation: 'Everything in dreams which occurs as the apparent functioning of the critical faculty is to be regarded not as the intellectual performance of the dream-work, but as belonging to the material of the dream-thoughts, and it has found its way from there, as a completed structure, into the manifest dream-content.' In a later passage of the same chapter (in the section: The Secondary Elaboration) Freud returns to this statement with the following words: 'I have in mind cases where one manifests astonishment, anger, or resistance in a dream and that in respect of part of the dream-content itself. Most of these impulses towards criticism in dreams are not directed against the dream-content, but prove to be part of the dream-material, taken over and fittingly applied, as I have already shown by suitable examples.' We meet with a wholly similar observation also in the *Introductory Lectures on Psycho-analysis* (eleventh lecture), which reads: 'Such manifestations of judgement, criticism, surprise, or deductive reasoning as are met with in dreams are not brought about by the dream-work and are only very rarely the expression of subsequent reflexion about the dream; but are for the most part fragments of the latent thoughts introduced into the manifest dream with more or less modification and in a form suited to the context.'

In analysing my patients' dreams it struck me that the feeling of astonishment appeared with great regularity where in the dream-building material thoughts about the difference of sex, ideas about castration, and the like could be proved. This brought me to the supposition that this feeling represents the childish reaction experienced on the first sight of the genitals of a small girl or of the strikingly-visible and large penis of a brother or playmate. We know how the small boy then goes on to act. He denies his original astonishment, attaches less importance to his observation, and looks for ways in which to bring it into agreement with what he had expected, asserting perhaps that his penis is still small and will no doubt grow. Only later, when a threat of castration for playing with his own penis has taken hold of him, does his observation become significant for him: the memory or repetition of it then calls forth a violent outburst of feeling on his part and compels him to conclude that the organ was once there and was afterwards taken away. The small girl's lack of a penis is understood by him as being the result of castration; the full gravity of the threat to which at the time the boy paid little attention is now recognized, and able now to visualize the loss of his own penis, he falls from this moment onwards under the spell of castration-fear, which becomes the driving force of his further development.

The castration complex of the small girl is also evoked by her perception of the other's genitals. She perceives the difference with astonishment and immediately realizes its significance. She feels herself deeply wronged and would also like to have such a thing herself. Penis-envy now takes possession of her inner life, but is moderated most of the time by the belief in the possibility of some day obtaining the longed-for organ: occasionally the girl simply denies the fact of her castration and adheres to the conviction that she possesses a penis. The psychical consequences of the dis-

¹ Paper read at the 18th International Psycho-Analytical Congress in London, 29 July, 1953.

covery of her castration, which is first felt as being a personal punishment, will not be discussed further here. I will only say this: the girl naturally does not experience fear of a threatened castration as does the boy—for this fear, so to speak, already lies behind her—but she has doubtless a similar fear of genital injury (fear of the penis). Yet above all the fear concerning loss of love seems to play a much bigger part in the female sex than in the male.

I return to the type of dream which I have investigated: appearing now and then among these dreams are some in which the feeling of astonishment later gives way to a feeling of terror with which the dreamer awakes. The feelings seem to be repeated in their historical sequence, and it might be thought that the dream, in its function of guarding sleep from interruption, strives as far as possible to suppress or at least to postpone the feeling of dread (castration dread) connected with the dream-thought, and that it would like to remain satisfied with the substitution of this (preceding) weaker feeling, in which admittedly it does not always succeed. Since a doubt about the reality of what has been perceived is mingled with the child's reaction of astonishment, this doubt may serve perhaps in the dream to diminish the significance of what has been dreamed in order to prevent an outburst of emotion and to render further sleep possible. From the feeling of astonishment in the dream we are also able to perceive a quantity of old material repressed with particular intensity,² without the fact that an emotional reaction against an inbursting disaster (castration), a reaction now become unconscious, suddenly manifests itself as is the case with terror. There results here the temptation to define the feeling of *astonishment* by comparing it with the related feeling of *surprise* or with that of the *uncanny*.³ But after these theoretical statements it is high time to put before you some examples of dreams.

First I will relate two dreams of a patient who suffered from a very strong impulse to

electrify himself, which had, unknown to him, the meaning of castration:

'Someone, a dark-haired lady, has brought me an object wrapped in a newspaper, a severed penis. In a second parcel is the severed head of Gustav Mahler. Neither the head nor the penis is in a state of decomposition. I am very *astonished* at this fact. On the penis grows an eye.'

'Through strange surroundings there travels a train; the locomotive exhibits a pendulum-rod standing upright in the air and pushing backwards and forwards a large wrinkled stone. As the train passes by for the second time, to my *astonishment* the rod appears first and later the locomotive belonging to it—rather as if the locomotive had been split in two.'

Now a dream whose relation to the castration-complex is not evident without the recollections of the dreamer.

'I walked around alone in a beautiful villa district and to my *astonishment* I kept on passing new buildings painted bright pink.'

In addition the dreamer relates that, as a small child, he used to wear a dress with blue bows, while his sister had pink bows. From this time onward the colour blue was connected with the male sex, the pink with the female. The dreamer also remembered having been very astonished at the sight of his small sister as she was being bathed.

Stekel⁴ has analysed the following dream of one of his patients whose neurosis was essentially determined by active and passive castration-fantasies:

'In the Weihburggasse I saw Mr. Springer sitting on the driving-seat of a cab and speaking with three Hungarian infantry soldiers. One had a black moustache; the two others only quite small blond beards. I was *astonished* at the way Mr. Springer acted. It seemed to me common and degrading.'

Mr. Springer represents his father. He reproaches him with his love adventures (*springen, bespringen, begatten*). The carriage

² The 'functional' condition of astonishment as opposed to the 'material' condition.

³ In the feeling of *astonishment* there is lacking the momentary psychical reaction of *surprise*. Astonishment is doubtless a weaker feeling than surprise. If the latter is to be likened to a dot, astonishment would be comparable to a line. In contrast to the feeling of surprise, astonishment lacks the relationship to a traumatic situation. *Terror* is a particular form of surprise. In the feeling of surprise it is a case of a sudden and strong demand made upon the psychical powers;

astonishment on the other hand can be defined as 'an intellectual feeling' (*psychologisches Intellektualgefühl*) (Lipps), a feeling of the process of thought-activity. And as for the uncanny, in this also there is lacking the suddenness, the surprising, because one is put in readiness by fear and prepared for the approach of a danger. In the feeling of the uncanny there appears to be present a stronger reawakening of repressed infantile complexes. Compare also Th. Reik: *Der Schrecken und andere psychoanalytische Studien*. Vienna, 1929.

⁴ *Die Sprache des Traumes*, Wiesbaden, 1911, p. 121.

is the English governess with whom his father had an affair. It occurs to the dreamer that the three infantry soldiers represent the male genitals. The tall one, with the black moustache is the penis, while the small ones with blond beards symbolize the testicles (blond—egg yellow). The father has amused himself too much with his genitals.

That is the object of his astonishment. Still another experience occurs to him from his early childhood. The Hungarian soldiers with their tight-fitting trousers remind him that he once played with dolls. He examined them closely and to his astonishment found no genitals; only smooth limbs, nowhere an opening. Then he would examine the dolls to see how they looked inside. All he found was sawdust. He came to the conclusion that dolls and women had no 'pee wee'. He was very *astonished* at this.

The astonishment (*Wundern*) led through associations to wound (*Wunde*)⁵ which is suggested by the idea of castration. This patient had revenge-phantasies in which he had the desire to castrate his father because the latter had threatened to cut off his penis as punishment for his playing with it.

From my collection of cases I will cite the dream of a woman training candidate with pronounced masculine complex:

'I travelled in a car. I do not know with whom. In the front was a seat, I was very *astonished* and told the other person. The seat was round. I knew that I meant something else. . . .'

Another woman training candidate with similar symptoms had the following dream:

'I went to stool and looked at the excreta. It looked like a Frankfurt sausage. I was *astonished* at the length of it. An ugly man with spectacles watched me at the same time.' The dream is to be read in reverse. As a child the dreamer observed her handsome father and was astonished at his large penis.

I will relate two dreams of a female patient of Otto Rank.⁶ It is a case of compulsion neurosis with strong castration complex. Her first dream was as follows.

'We walked across a meadow and all the other people as well. There was a fence and I wondered how the ladies would get over the fence. I thought to myself, I have a sports suit

which is very smart, I can let myself be seen everywhere. I jumped over the fence with great elegance. . . .'

Here her identification with men finds expression (jumping, sports suit); the patient is proud of her performance and would be astonished if the other women were to perform the same feat. She throws light upon the interpretation with the words: 'I thought to myself in the dream, that certainly did not look manly, a woman can also do that (if one does it so elegantly).'

The patient designates the second dream as senseless.

'There was a room. There were chairs in it, but they were always placed on top of each other, let us say *three* at a time. In spite of this people were sitting there; perhaps they were sitting on ordinary chairs and the chairs were piled up next to them. I also wanted to sit down; suddenly all the chairs fell down with a loud crash, but no damage was done. My mother was also there. I excused myself, my mother pacified me and at the same time told the people that I could do nothing about it. I was very *astonished* (why exactly?) that she had helped me.'

The patient explained quite spontaneously as soon as she had related the dream: 'Immediately upon waking I took the chairs to be symbolical of a penis—on account of the projections.' The number *three* (chairs) itself indicates a male meaning. The patient accepts the female rôle, i.e. castration, which is represented by the falling down of the chairs. She adds that something like a smooth road also appeared in the dream, which supports this interpretation. The last sentence of another dream of the same patient also deserves our interest; it seems to arise directly from a psycho-analytical insight: 'I was *only astonished* how anyone can disappear so completely. These must only be my complexes.' From the history of the illness we can infer which are the complexes that disappear so completely: above all the penis complex, against which the expression of the dream seems to be directly aimed ('*astonished* how anyone can disappear so completely' which refers to the imaginary penis of her male phantasies). But also there comes into the question the complex of masturbation which wins its masculine character from

⁵ 'Wound' (*Wunde*) and 'astonishment' (*Wundern*) also in the dream c. a patient related by Freud (*The Interpretation of Dreams*) where a great misfortune

happens to the father.

⁶ *Eine Neurosenanalyse in Träumen*. Vienna, 1924, pp. 191., ff. 200 ff., 211 ff.

the penis-envy and the neurotic identification with the father.

Now a last example from a collection of my own cases. A young lady neurologist had the following dream:

'I look with astonishment and terror at my wrist-watch (with a black dial). The small hand is in order but the large one is quite changed (a longish rectangle with the sides bent inwards), and, as I remarked *with astonishment*, quite different in shape from what I expected. Suddenly I see before me the white dial of my alarm-clock. I think to myself: My goodness, both hands are missing. Now I have already the genuine psychotic symptom for the loss of time.' The symbolism of the small and large hands and the alteration of the large one need, of course, no explanation. Worthy of note in this dream is the mixed feeling of astonishment and terror.

I have already said earlier in my lecture that there are certain dreams in which the feeling of astonishment gives way to a feeling of terror with which the dreamer awakes. Such a dream is reported by Freud in his *Interpretation of Dreams* (Ch. VI, G VI 7). I will repeat it, omitting three sentences:

'Old Professor Brücke must have set me some task or other; strangely enough, it relates to the preparation of the lower part of my own body, the pelvis and legs, which I see before me as though in the dissecting room, but without feeling the absence of part of my body, and without a trace of horror. Louise N. is standing beside me, and helps me in the work. Then I was once more in possession of my legs, and I made a journey through the city, but I took a cab (as I was tired). To my astonishment, the cab drove into the front door of a house, which opened and allowed it to pass into a corridor, which was broken off at the end, and eventually led on into the open. Finally, I wandered through changing landscapes, with an Alpine guide, who carried my things. He carried me for some distance, out of consideration for my tired legs. The ground was swampy; we went along the edge; people were sitting on the ground, like Red Indians or gypsies; among them a girl. Until then I had made my way along on the slippery ground, in

constant astonishment that I was so well able to do so after making the preparation. At last we came to a small wooden house with an open window at one end. Here the guide set me down, and laid two planks, which stood in readiness, on the window-sill so as to bridge the chasm which had to be crossed from the window. Now I grew really alarmed about my legs. Instead of the expected crossing, I saw two grown-up men lying upon wooden benches which were fixed on the walls of the hut, and something like two sleeping children next to them; as though not the planks but the children were intended to make the crossing possible. I awake with thought-terror (*Gedankenschreck*).'

What Freud says towards interpreting his own dream is not very much, and refers mainly to the expression of judgement 'strangely enough'. The preparation of his own body with which he is charged he explains as self-analysis connected with the communication of his own dreams in his book. As day's residue he quotes the visit of that lady Louise N. and the occupation with the two novels of Rider Haggard's *She* and *Heart of the World*; these have furnished numerous elements in the manifest dream. The tired legs were a real sensation of these days. Freud interprets the thought-terror as fear of death.

If I dare make *my* interpretation of the dream, I would refer, in order to justify myself, to the introductory words of Freud in his *Leonardo study*: 'Psycho-analytical investigation cannot help finding that everything is worthy of understanding that can be perceived through a great person of mankind, and it also believes that none is so big as to be ashamed of being subject to the laws which control normal and morbid actions equally strictly.'⁷

I think we can gain a fairly clear glimpse of the latent dream thoughts. The father (Brücke) condemns the son in accordance with the law of retaliation to the punishment of castration,⁸ which is carried out with the help of the mother (Louise N.). The dreamer, however, then regains possession of his organ and tries it out upon the mother, but out of weakness he has to call upon the help of his father and is born again. Once again, carried like a small child,

⁷ 'I found it was also the case with me that I was in love with my mother and jealous of my father and consider it now to be a common event of early childhood.' (Quoted from a letter of Freud's written to W. Fliess, 15.10.97. See also the paragraph in the

letter of 3.10.97 where Freud mentions the awakening of his 'Libido towards his mother'.)

⁸ Analysis is felt by many patients to be castration. Compare Freud's interpretation of the 'preparation of one's own body.'

he takes part in the father's visit to the mother. The people, whom he sees 'like Red Indians or gypsies; among them a girl', could signify the very opposite, the intimate, for example brothers and sisters, on account of their strangeness of character. The dreamer made previously independent sexual walking attempts (he is as astonished as a child at his marvellous walking ability). The small wooden house to which they came represents the large womb of his mother. The father then makes preparations to 'bridge the chasm' alone; the bridge is the powerful sexual organ of the father. Notice the similarity of sound between the word Bridge (*Brücke*) and the surname Brücke. The son now develops castration-fear. But instead of the expected intercourse he sees in the womb the motionless, as it were dead, penis of the father (the two children may signify the testicles). Then he awakens with a feeling of terror. What Freud here terms thought-terror is the unexpected meeting with one of those thoughts (out of the sphere of the castration-complex) against which the Self in particular struggles.

The feeling of astonishment finds expression in three places: firstly when the dreamer is faced with the task of preparing the lower part of his body (castration), and makes the observation 'strangely enough' whereby the horror attached to it is completely suppressed. (Perhaps the primary narcissistic desire toward self-contemplation also plays a part here.) According to Freud the observed absence of feeling should be a wish-fulfilment in the sense that he feels no fear at the publication of his dream-book which contains a self-analysis. This wish rises doubtless merely from the pre-conscious thought. The expression of castration-fear which has its base in the deeper infantile layer is checked by the wish to sleep and the dream-censor, and replaced by the feeling of astonishment. This appears again when the cab drives into the door of a house,

which presents a distinctly female symbol, and thirdly, when the dreamer confirms the fact that he has preserved his sexual ability in spite of his castration, which opposes the distressing feeling. Finally, however, the fear of castration seizes him ('Now I grew really alarmed about my legs'), which brings about his terror-filled awakening.⁹

Here also we see my hypothesis confirmed (as far as my interpretation of the dream is correct) that the feeling of astonishment belongs to the material of the dream-thoughts, and in particular those where the contents are made up of thoughts about castration and the like, or the difference of sex. In the dream which Freud relates it was not possible to suppress for long the strong feeling connected with these ideas: the feeling of astonishment failed in its protective function, fear and terror brought the dream to an end, with the result that the sleeper awoke.

The Greek philosopher Aristotle, from whom Breuer and Freud borrowed the expression 'catharsis', speculates in his *Metaphysics* that *thaumazein*, astonishment at everything, may be the source of all philosophizing. I have already indicated the significance of infantile sexual investigation for philosophical thought in an article of mine published forty years ago ('Psycho-analytical Comments on the History of Philosophy', *Imago*, 1913, No. 2). The primary astonishment at the form of the genitals of the other sex may thus find its lifelong continuation in the philosophical astonishment at everything, of which Aristotle speaks. And, just as in dreaming, the feeling of astonishment in my assumption serves to suppress the feeling of terror, thus letting the person sleep as long as possible, so perhaps is the condition of astonishment experienced by philosophers, who are fond of comparing life with a dream, a means of escape from the overwhelming fear of fate, death and castration, and from the danger of bringing Life's dream to an end.

⁹ Freud speaks of the fear of death which stirred in the dream-thoughts. The bridge symbolizes also the connexion between existence and non-existence (death). The father's sexual organ is now really the bridge, which brought to life him not yet born, thus the fear experienced

could be fear of birth. In this context the sentence 'As though . . . the children were intended to make the crossing possible' makes sense when reversed: as though the crossing (procreation) were to make possible the children.

A NEW HYPOTHESIS CONCERNING THE RELATIONSHIP OF LIBIDINAL AND AGGRESSIVE INSTINCTS¹

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Our theories about the earliest clinical connexion between love and hate have become more important since analysis of psychoses in adults and children has become more frequent. By clinical connexion I mean a connexion that can be seen and heard in our work.

Repetitions of earlier and earlier aspects of development now appear with greater and greater frequency during analytic sessions. What was once arm-chair theory is becoming more and more important as it may determine the type of interpretation given.

In this paper I shall have less to say about anxiety, depression, enthusiasm, guilt, and fantasy, than I would like in order to say more about love and hate. I use these two short words, love and hate, only as they are shorter than the two words libidinal and aggressive.

Prior to all I say is one assumption. Throughout this paper I assume that a stage of primary narcissism is present before the love and hate I talk about. At the same time we should remember that the value of any assumption is that it makes one clear about what one doubts. The history of science shows the value of doubting assumptions. To be clear about an assumption is to be clear about what we are testing for truth or falsity.

Basic to analysis is instinct theory. Stated simply instinct impulses, in neurological terms, recurrently reduce excitation and, in meta-psychological terms, recurrently lead to satisfaction. The word tension refers to the strength of the impulse. If the impulse persists without satisfaction desire appears. If the impulse lasts longer without satisfaction tension increases, and if it persists long enough pain appears. Classically at this point the discussion of the relationship of love to hate begins.

If with Freud we assume two instincts which are fused in such a way that early behaviour

cannot be separated into a love part and a hate part—if we assume that some of the strength of primary activity comes from hate and some from love, we assume that, when the activity does not lead to satisfaction, tension increases, pain occurs, and eventually hate activity predominates and defusion of instinct-behaviour begins. Had the instinctive impulse led to satisfaction the love component would have predominated and the hate component would only have added to the total energy of the activity.

Anna Freud (1949) put this view simply. She wrote 'In clinical observation neither sex nor aggression can be studied in pure form . . . this essentially biological theory contains several far-reaching implications . . . the infant develops hostile as well as loving feelings towards the mother, over and above the hostility which is aroused whenever the mother frustrates the child's wishes . . . the mental representatives of the two organic forces remain unrelated to each other as long as no central point of awareness is established in the personality. It is only the growth of this focal point (the ego) which results in a gradual integration of all instinctive striving . . .'

If with Klein and Heimann we assume a second possibility that two instincts are present and that primary activity always shows some mixture of hate and love and that conflict is present till defusion or splitting occurs as a defence, we can look for evidence of such defusion regardless of the presence or absence of satisfaction.

Heimann (1952) writes: 'Although fused the two basic instincts struggle against each other within the organism. The life instinct aims at union and drives one individual towards others. The death instinct aims at breaking up the organism and the union between individual organisms or preventing such union from

¹ Paper read at the 18th International Psycho-Analytical Congress at London on 29 July, 1953.

being formed . . . there are however certain observations which suggest that a basic instinctual fusion is capable of modification to such a degree as to allow either basic instinct to operate almost unalloyed.²

If we assume a third possibility, with Bowlby for instance, we might assume that hate activity is the reaction to a trauma. Under this assumption the relationship between love and hate becomes primarily a relationship between a loving ego and a traumatic world.

Bowlby (1947) wrote: 'The view I am advancing is that hostile desires may develop when the organism is frustrated in satisfying its other needs. . . . The death instinct theory has not only proved extremely difficult to work with . . . but also² the frustration theory so obviously contains some measure of truth that it is bad scientific method to abandon it until it has been proved manifestly inadequate.'

If we assume a fourth hypothesis (mine) it might be stated thus—in the absence of the sequence 'impulse-satisfaction' an alternative sequence 'impulse-desire-tension-pain' may arise. This second sequence has, as an end result, disorganized, random, hate behaviour and leads to a state of fatigue and regression to primary, narcissistic sleep. In contrast to fusion and later defusion of two instinctive types of behaviour this sequence may be seen as well organized at one end—at the beginning of the impulse or desire—and as disorganized at the other end—when behaviour becomes painful.

Graphically the contrast may be shown between three possible sequences—one leading to maximal satisfaction, one leading to hate satisfaction, and one leading to fatigue and regression for satisfaction.

Sequence I —impulse

desire

pleasurable satisfaction

Sequence II —impulse

desire

increasing tension

pain

more or less disorganization

satisfaction

Sequence III —impulse

desire

increasing tension

pain

disorganization

regression to sleep.

These sequences can be seen while watching infants—

- (1) in loving satisfaction—for instance in feeding leading smoothly to satisfaction;
- (2) in the disorganized mouth and chest movements of a hungry crying infant who is offered food and becomes satisfied, but in the midst of disorganized behaviour very different from the behaviour mentioned in (1); and
- (3) in the disorganized mouth and chest movements of a hungry, crying infant who eventually sleeps.

Parallel clinical aspects are seen, for instance, in dreams of the following types:

- (1) dreams of loving satisfaction;
- (2) dreams of hate outbursts which lead to hate satisfaction (sado-masochistic dreams); and
- (3) dreams of hate outbursts which lead to pain (convulsive and traumatic dreams).

Memories of these different sequences can appear separately or can appear to be fused. In memory they can oscillate. Clinically it has been oscillation during associations and in dreams that has come nearest to giving me the material to substantiate my hypothesis. When such oscillation from love to hate and hate to love appears during analysis, one then begins to obtain material concerning the instants when the changes occur. In infancy changes from love to hate and hate to love may occur in a period of seconds.

Anna Freud wrote 'In early infancy love and hate can be seen to appear in quick succession seemingly unaffected by each other. . . .' To me the clinical interest is as much in what happens at the very instant of change from love to hate or hate to love as in the fact of what Anna Freud calls 'quick succession of love and hate'.

Oscillation rather than succession may be the important concept. Freud (1920) has mentioned oscillation but in a different setting. Freud wrote in *Beyond the Pleasure Principle*: 'It is as though the life of the organism moved with a vacillating³ rhythm. One group of instincts rushes forward so as to reach the final goal of life as swiftly as possible; but when a particular stage in the advance has been reached, the other group jerks back to a certain point to make a fresh start and so prolong the journey.'

² Author's addition.

³ Rendered 'oscillating' in previous translation.

Bion (1948-50) mentioned oscillation and wrote that the psychiatrist must see the reverse as well as the obverse of every situation if he can. He must employ a kind of psychological shift best illustrated by one of the well-known alternating perception figures (a cube with oscillating (Fig. 1) perspective—a figure ground reversal (Fig. 2)—a right-left reversal). Later

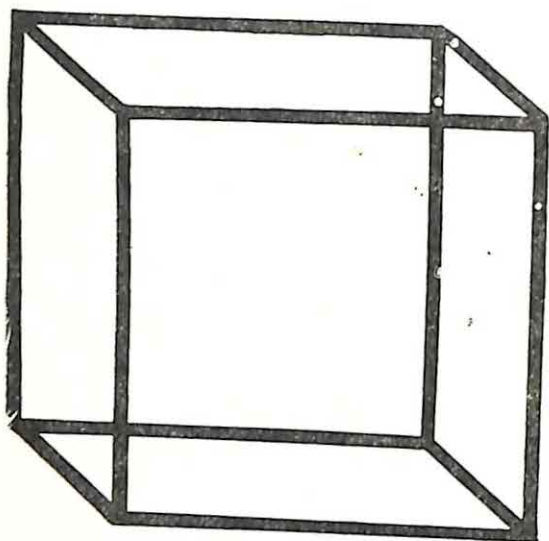


FIG. 1.

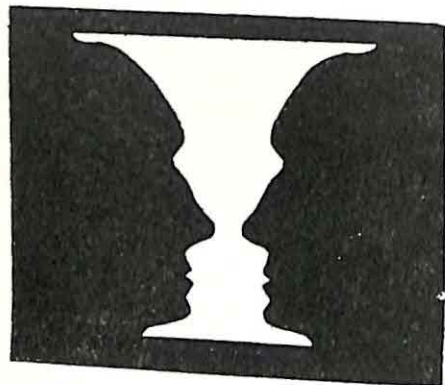


FIG. 2.

Bion mentions observing in a group oscillations between considering their leader mad and considering their leader a genius, and states that, when the distance separating two beliefs is great, oscillations may become rapid in time and large in excursion. Bion describes in a projected form what I am describing as occurring intrapsychically.

You have all seen what I call children's oscillating games—for instance, pulling leaves off a rose and saying 'She loves me, she loves me not, she loves me, she loves me not,' etc. Here again is projection of what I am describing intrapsychically.

Unconscious oscillations or oscillations in

fantasy may take fractions of seconds and as the speed increases the magic element increases. By magic I mean those changes that seem to happen in 'no time'. When we are trying to understand psychic events which take fractions of seconds, indeed very small fractions of seconds, it is only by using the psychic capacity to delay and to remember that analysis can proceed. In children's play and adults' speech we come to understand in a longer time that which took a very short time, even a fraction of a second, to occur first. 'Split second' events which come and go so rapidly that the conscious ego has minimal time to react are examples of what I mean. Also in dreams and in conscious states of confusion one element which often appears when the events of a speedy dream or a conscious state of confusion slow down is the rapid change or transformation of the elements making up the dream or the confusion. As the fast oscillations slow and as the elements of the changes or transformations become more conscious the details are often seen as love and hate details. As the change from love to hate is seen the elements of what I have called disorganization of the love activity become apparent. At this instant patients so often begin to react to the consciousness of the opposite transformation—the elements of hate are followed by or are changed or transformed or reorganized into love. It is here that clinical practice is most deeply involved. In theory we have talked of variations in the strength of instincts. We have believed maximal love and maximal hate might have different energies in a given individual. We have called upon inherited factors to explain the difference in strength. But we have not considered the hypothesis I have proposed. It was when watching the energetic aspects of oscillation that I was struck by the appearance of similar energy in the elements of the oscillation. On the assumption that this was evidence of a transformation of energy I tried the effect of interpreting the energy of hate as equivalent to the energy of love which would have to be coped with if transformation occurred. Similarly when dealing with the reverse the energy of love if totally transformed by disorganization might lead to the need to cope with equivalently energetic hate.

In dream theory we have often seen the usefulness of the concept of love or hate hallucinations. But we have been less keen to investigate the possibility of both love and hate hallucinations being present together not in a fused

form but as rapidly oscillating. The rate of oscillation is important. For reasons I have not the time to detail here I am assuming that the period of oscillation must be reduced to the region of 1/10–1/100 second before the elements begin to be consciously discriminated. As the speed slows the patient becomes conscious not only of what we have long called ambivalence, but also of the relationship of the elements of the ambivalence.

What is often seen in analysis is like what the opponents of the philosopher Buridan invented to ridicule him—the ass which starved to death between two equally good bundles of hay as he could not act when motives were equally balanced. This is like the patient in whom action is impossible because impulses oscillate so rapidly that action is impossible. Only when oscillation slows to some extent is action possible. At first action will be like the ass oscillating between each bundle of hay so rapidly that only confusion results. Only after further slowing does the ass eat. In the patient we often first see inactivity, then confusion, then oscillation between recognizable love and hate.

At this time I do not want to say more about anxiety, which is, of course, involved, except to say that its strength would also appear to be nearly equivalent and that it can be a signal of any aspect of the oscillating sequence concerned.

While analyzing the details of disorganization, reorganization, restitution, reparation, the details of the zonal activity, the object relations and the fantasies concerned are, of course, all involved.

Lastly I should compare my hypothesis to the catastrophic reaction described by Goldstein (1939–40). He described the reactions occurring in head-injured persons who attempt tasks they could formerly do, but can do no longer. Comparison is possible when internal or external events do not allow infantile love behaviour to progress to satisfaction and a

catastrophic reaction—perhaps the earliest catastrophic reaction—appears. This I have called hate.

Since so often some sort of satisfaction occurs in the midst of a hate reaction, this reaction may be repeated, elaborated, exploited, etc. and its ultimate development may lead to an ego-syntonic ideal of hate.

Flugel (1953) has published an excellent review of the history of the discussion of instincts. This contribution of mine could be read as a postscript to his, since I do not think he deals with the hypothesis I offer. Flugel does mention the need to look for evidence of the emergence of new instinctive behaviour in the senescent dying person, and with this I agree. He points out the difficulty of showing clinically that the earliest type of aggression is aggression against the self. I suggest that looking for early oscillating behaviour or unconscious oscillation producing inactivity may be more profitable.

To summarize: the hypothesis I have put forward can be stated simply, and both its clinical evidence and its effect on interpretation can be tested. The hypothesis is that loving instinctual energy in the absence of satisfaction leads to a sequence—desire, tension, pain, disorganization. This disorganization is reorganizable, but only with the energy unchanged. Consequently when during psycho-analysis hate is reorganized into love, the energy of the hate will be manifest in the energy of the love and the anxiety of the hate will be found equally in the anxiety of the love until during further analysis progress occurs. Similarly with the disorganization of love, equivalent energy will appear in hate.

This is a hypothesis. Hypotheses are to start people thinking. In so short a time I have not succeeded in giving detailed clinical evidence or in referring to the later developing complexities mentioned in my Abstract.

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A NOTE ON SCHIZOID MECHANISMS UNDERLYING PHOBIA FORMATION¹

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I would like to present some material from a patient suffering from severe and extensive phobias, in order to illustrate some connections between early psychotic anxieties and defences and a common neurotic symptom. I shall try to show that certain paranoid schizoid mechanisms, particularly disintegration of the ego and projective identification, described by Melanie Klein² in 1946, underlie my patient's phobias.

My patient is a woman in her late thirties who had had severe difficulties from childhood onwards, as far back as she can remember, particularly difficulties in relationships, feeding difficulties, and numerous phobias. By the time she sought analysis she was gravely ill.

Her symptoms, of which I shall mention only a few, could be divided into three categories:

(a) Personality disturbances: she often felt depersonalized and unreal. She could form no relationship except on the basis of totally controlling her objects. She could not lead her own life and she was severely inhibited in work. These last two aspects of her personality and their relation to projective identification I described in my paper 'A Psycho-Analytic Contribution to Aesthetics',³ where this patient is referred to as patient E.

(b) Various hypochondriacal and hysterical symptoms, which had led in the past to numerous surgical interventions.

(c) Extensive phobias, particularly of crowds, and a phobia of food, leading to such severe anorexia that prior to her analysis the patient had to be hospitalized. She had a great fear of restaurants, i.e. crowded places where one eats food.

In the first two years of her analysis certain features were prominent, especially the violence of her transference feelings and their markedly delusional character, varying between extremes of persecution and idealization. Also, a total inability to

bear frustration in any form. She felt that if I were at her bedside, giving her food at the moment she woke up, she would be able to eat it: but if she had to wait for it for a few minutes, or if the other person giving her food was not sufficiently representative of myself as a good object, the food became poisonous and she could not eat it. In that way, any waiting or frustration in relation to food became a threat of never-ending starvation and death.

From the start, she made very extensive use of projective identification. She had had analysis previously with Dr. Z, who later left her by emigrating from this country. For the first few days of the analysis with me my patient could make no contact, feeling only acutely anxious, empty, and depersonalized. After some interpreting on my part she told me the following dream: 'Dr. Z was sitting in an armchair in a foreign-looking flat and her belly was enormous, as though she was pregnant with a monstrous baby.' I interpreted that the monstrous baby was herself, and that she had put herself into Dr. Z and travelled with her to the foreign-looking flat. After this interpretation the patient became less depersonalized and could establish contact with me.

The second year of her analysis brought some material which seemed crucial in solving some of her major problems. She started a session by telling me: 'Oh, I had another of those packing dreams!'—in fact, she had never mentioned any packing dream before. When I pointed this out she said that she often dreamed of packing and that in the dreams she could never manage to pack. She had been very anxious about packing ever since her childhood. She thought, however, that to begin with it was only in a specific situation, namely, when she had to go to boarding school, i.e. to leave her mother. I interpreted to her that she put bits of herself into her mother to prevent separation, and that her inability to pack expressed her inability to collect the bits of herself from inside her mother and reintegrate herself sufficiently to be able to leave her. Then she remembered more of the dream. She was in a large room with her mother, and the par-

¹ Paper read at the 18th International Psycho-Analytical Congress in London on 29 July, 1953.

² 'Notes on Some Schizoid Mechanisms', *Int. J. Psycho-Anal.*, 27 (1946).

³ *Int. J. Psycho-Anal.*, 33 (1952).

ticular difficulty was that her things were all muddled up with her mother's things and she could not disentangle them. I took this as a confirmation. I also interpreted to her in the transference that she felt I knew all about her packing dreams though she had never mentioned them before, because she projected parts of herself into me, as she did into her mother. Her dreams were inside me and therefore I knew all about them.

The next day she said she had had a terrible night. She had had 'scattered dreams'. She could not remember any of them but felt that they had been all scattered about the room inside and outside of her. Now and then she would awake and find herself saying in an imploring voice: 'O God, don't let me be hungry, I must not be hungry.' I interpreted to her that she had tried to overcome her overwhelming fear of hunger, which to her meant death, by splitting herself into bits and scattering them. The scattered dreams represented the scattered bits of herself, when she was disintegrating to avoid experiencing the peril of hunger and death. She then said, 'That must be it, because when I woke up I thought, "I scatter, I splutter and I sink".' After a short silence she added: 'But now I can remember a bit of the dream: my daughter Ruth and her friends were doing a harlequinade in the dream and I was helping and directing them.' She told me about a play in which her daughter was taking part and she, the patient, was helping. It was clear that though she had started with the genuine wish to help she had ended by trying to control and bully the children. Particularly, she wanted them to do a harlequinade instead of the play which they intended to do. I interpreted her need for controlling the situation, and pointed out to her how in the dream she had control in that the children were doing a harlequinade as she had wanted them to. She then said: 'But later it rather changed. The children became more like puppets,' which I took as a confirmation of my interpretation. I then reminded her of the scattering of herself and of the previous material of packing, and suggested to her that the scattering of herself served a further purpose. Not only was she avoiding feeling anxiety, but also by scattering she was putting bits of herself into everybody in order to control them like puppets.

She then remembered a further bit of the dream: 'Now that you mention packing, I remember further that there were kind of packing-tables in the room and that I was somehow manipulating these children-puppets into the packing-tables and then they were disappearing.' After hesitating, she added: 'It has nothing to do with packing, but I felt as though they were disappearing into me and I felt all wooden.' I interpreted that having projected herself into so many different people to control them, in order to reintegrate herself, she had to swallow all these people, that is, wooden

puppets. She laughed and said: 'Yes, I feel I often look as though I was a picture painted by Picasso.'

She then remembered yet another part of the dream: 'Ruth, or she herself was in hospital, and somebody was losing blood.' She associated this part of her dream to her own loss of blood during an abdominal operation she had had. I knew that she was at the time severely anxious, fearing what the surgeon had, unknown to her, taken out or put into her. She also had poor control over her urine and faeces and suffered a feeling which she called 'profound disgrace'. I interpreted that she had projected her illness into her daughter Ruth, and I reminded her of the anxieties at the time of her operation, and suggested that when she lost control of her urine and faeces and felt so profoundly disgraced, it was not only her excrements but bits of herself projected into the excrements that she felt she was scattering around.

The following day, which was a Friday preceding the week-end, she told me that she had taken two pink pills to avoid another scattered night. She spent at least ten minutes describing in glowing terms the virtue of the pink pills. I interpreted to her that the pink pills represented the two ideal breasts, which should protect her from hunger and disintegration, and pointed out her intense need for introjecting me as good breasts—food. I reminded her of her desperate cry the night before—'God, don't let me be hungry'. I also pointed out to her the intense idealization that was apparently needed before she could take me in. She then said that, in fact, she always distrusts coloured foods, particularly pink. As a child she loved pink sugary pills, till one day she opened one and to her horror found that inside they were full of a disgusting brown stuff, and she realized that what she was actually given was a sugar-coated purgative. I interpreted that the brown mass was felt by her as horrible faeces that she was given to eat, that it was attacking her from inside and giving her diarrhoea. She idealized my breasts and pretended they gave her complete comfort but, in fact, she felt persecuted by my interpretations the day before and felt I was filling her with horrible faecal stuff. She then remembered two bits of dreams of the previous night: the first one had to do with a 'banged-up' lavatory, and in the second one 'she saw a child peeing into the soup'. I reminded her of the end of the previous session—her splitting herself into bits and putting all these bits in the form of urine and faeces into me, standing for her mother. The child peeing into the soup was herself peeing into me in her anger at the frustration of the coming week-end, as well as in an attempt to control me by filling me with bits of herself. The banged-up lavatory was myself, banged-up by her excrements and all the bits of herself projected into me: but, if so, then the food that my breasts give her becomes a horrible faecal and urinary mass, and by intro-

jection she herself becomes a bunged-up lavatory. Her intense idealization of the breasts (pink pills) was a denial of her attacks and of the resulting feeling of internal persecution and depression.

She then started talking about her fear of restaurants. She was invited to lunch out and was terrified.

I was then able to link up this analysis of her relation to the breasts with her phobia of restaurants. I reminded her of her childhood fear of wetting her pants in the restaurant and connected it with the dream in which the child pees into the soup. I interpreted her terror of the restaurant as resulting from her projective identification, the restaurant standing for the feeding mother: she feels that she has thrown her urine and faeces and parts of herself into all the people in the restaurant as well as into the food: she therefore becomes depersonalized, afraid of the people containing bad parts of herself, and of the food bunged up with her excrements. She then had to avoid the restaurant so as not to have to re-introject this mess.

This session preceded a three-day break. During this break she had an acute experience of her phobia of crowds. She belongs to an organization, the members of which come from two London districts: St. John's Wood and Hampstead. This week-end that organization had its Annual Meeting. My patient suddenly conceived the notion that the Hampstead people had too much control in the organization, and she decided to have them removed from all important posts. Though she was not conscious of it at the time, it appeared in the analysis that she pictured the situation as follows: the St. John's Wood people were English, decent, working-class people: the Hampstead people were intellectual, Jewish, and Communist. She got her charwoman, a member of the same organization, to propose her (the patient's) husband for President. At the meeting, however, she felt very anxious, and when the Chairman called upon her to speak for her husband she felt surrounded by a hostile crowd, empty and terrified—overwhelmed by panic. She said: 'Oh, but I don't support him.' When she returned home she felt profoundly disgraced by her disloyalty and for the following days confined herself to the house, afraid that she might meet a crowd in the street. She managed, however, to come to her analytical session.

I shall summarize briefly the meaning of this acting-out. Both she and I live in St. John's Wood. St. John's Wood stands, therefore, for the good me when I am present, hard-working, feeding her and looking after her like her charwoman and her husband. I am then simple and decent, i.e. complete, unsplit, without conflict. But I am so good only when I am always present and when she has complete control of me. Both her charwoman and her husband did as she told them. Hampstead is where I do not live. It represents what I become

when I am not present. Then, in her mind, I become split into millions of dangerous faecal bits. The Jews have, for her, a very faecal meaning. I also become dangerous, greedy and vindictive (her feelings about Communists). So one of the things which happened during that week-end was that she split me into good object—charwoman, husband: and into a bad one, which was felt as the crowds of Communists, Jews, intellectuals. But that is not the whole story. St. John's Wood represents a good part of herself united with me, whilst Hampstead undoubtedly also represents an aspect of herself. She is often deeply identified with Jews: it is she who is a professional intellectual, and it is she, in fact, who had been a member of the Communist Party. Hampstead represented not only, me in bits, but I was in bits because she projected into me all the bad faecal, split-off and disintegrated and disowned parts of herself. The meeting was to her a battle between her good self and object, put into her husband, and her bad disintegrated parts and objects projected into the crowd. When called upon to speak for her good object she had had to face the crowd, that is, her own projected disintegration and evil, as well as the destroyed and therefore bad objects, and she was overwhelmed by it and threatened by madness. In phobically avoiding crowds she was avoiding the come-back of her projected disintegration.

The material described here took a long time to work through. Its analysis enabled the patient to integrate herself more—through the lessening of the projective identification the horrors of introjection diminished so that she was able to introject a good object and experience ambivalence and depression. Since the acting-out described, she has not had any major phobic symptoms. Her analysis was, unfortunately, interrupted after about three years through external circumstances. She is not by any means cured, but the considerable improvement she derived from her analysis she is steadily maintaining.

To summarize: I suggest that this patient was basically fixated in a paranoid schizoid position. When she was threatened by ambivalent feelings she regressed to the schizoid level. In this primitive stage of the ego any frustration was felt as an actual threat of death. She had to defend herself by disintegration of the ego, which she described as 'scattering, spluttering and sinking', and by an extensive use of projective identification. In the analytical situation she projected bits of herself into me to prevent separation, to hurt and damage me and to control me. As a result, she felt persecuted, afraid of crowds, of food, etc. She defended herself

against this persecution by an unsuccessful attempt at idealization—'the pink pills'. At the peak of her anxiety she felt threatened by madness: her ego was disintegrated, she lost large parts of it by projective identification, she felt persecuted by bad disintegrated objects from within and without.

The formation of a phobia averts such catastrophic situations. The patient projects her fantasies and binds them in definite external situations, which she is then able to avoid.

Conclusion: I suggest that my patient's phobias—of which I described two, phobia of food and crowds—are due to the operation of schizoid anxieties and defences, and that they serve the purpose of averting an acute schizophrenic illness.

This patient was admittedly a borderline case, showing many schizoid features. Her phobias, however, were typical hysterical formations. In the analysis of other less ill patients I uncovered similar mechanisms in the formation of phobias and I find that in order to dissolve these neurotic symptoms it is of particular importance to analyse the underlying psychotic fears. This conclusion is in keeping with one of the basic contentions of Melanie Klein, namely, that the infantile neurosis is a means of working through earlier psychotic anxieties of both a paranoid-schizoid and manic-depressive nature, and that it is therefore of importance to analyse psychotic anxieties in order to dissolve neurotic manifestations.

COUNTER-TRANSFERENCE AND SELF-ANALYSIS OF THE PSYCHO-ANALYST¹

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In recent papers on counter-transference by Maxwell Gitelson (1), Paula Heimann (2), Margaret Little (3), Annie Reich (4), Leo Berman (5), Winnicott (6), Mabel Cohen (7), Macalpine (8), Fliess (9), and others the gain in insight into the patient's unconscious through elucidation of the counter-transference has been emphasized. These papers stress the similarities rather than the differences between transference and counter-transference. In accordance with Freud's definition of transference Leo Berman (5) has defined counter-transference as 'the analyst's reactions to the patient as though the patient were an important figure in the analyst's past life'. This definition stresses the regressive and projective character of counter-transference. Counter-transference, like transference, has positive and negative aspects. We know that not all aspects of transference are adverse to therapeutic progress. Positive transference is an important ally in the struggle between repression and therapeutic derepression. 'In so far as his (the patient's) transference,' said Freud (10), 'bears the positive sign, it clothes the physician with authority, transforms itself into faith in his findings and in his views. Without this kind of transference, or with a negative one, the physician and his arguments would never be listened to. Faith repeats the history of its own origin; it is a derivative of love and at first it needed no arguments. Not until later does it admit them so far as to take them into critical consideration, if they have been offered by someone who is loved.'

While the analyst is free to display his transference, it is widely considered the duty of the analyst to keep out of the regressive movements, to prove resistant to counter-transference. As Ida Macalpine (8) has put it, 'he (the analyst) remains neutral, aloof, a spectator, and is never a co-actor'. Even though I agree with Dr. Macalpine that the analyst tries to

keep away from manipulative rôle-playing, which is the tool of the hypnotist, it implies the danger of self-deception to assume that such absolute resistance to counter-transference can ever be attainable. Besides, counter-transference has not only a negative effect, adverse to therapeutic progress. The counterpart of the therapeutically valuable positive transference of the patient is the analyst's benevolent neutrality, his dedication (Leo Berman) (5), his ever-deepening understanding of the patient, and the faith in the patient's potentialities for recovery. This positive counter-transference has its roots in the identification with a benevolent parent, largely freed from the conflicts of ambivalence, and resulting in successful sublimation. The patient's resistance, however, his withdrawal, doubts, obscurities, attacks, or insults put the analyst's benevolent neutrality to a hard test. But while the patient is exposed to the storms of emotional upheaval on an uncharted sea, the analyst is guided by the experiences of his training-analysis and his psycho-analytic knowledge. He is less exposed to surprising projections upon the patient from his own past. He is alerted to his inclinations to deviate from the ideal of benevolent neutrality, to misuse the patient for reliving his own conflicts, for which the patient is not responsible.

But training-analysis and psycho-analytic knowledge are not static factors. Training-analysis is interminable and psycho-analytic knowledge is ever expanding. Therefore there always remains a certain tension between the ideal of positive counter-transference, and its realization in daily professional performances, a tension which at times elicits anxieties or defences against anxieties in the analyst. The supervisor observes such anxieties in his supervisee when he is confronted with a hurdle of not understanding the patient. If such anxiety passes by unobserved or unclarified, it incapacitates

¹ Paper read at the 18th International Psycho-Analytical Congress at London on 29 July, 1953.

tates the analyst further in his understanding. Let me give a simple example. A supervisee asked me for an emergency appointment. The mother of a promising young analytic patient had broken into an analytic hour and insisted on interruption of the work. The trainee had to excuse himself and had left the session overwhelmed by distress and confusion. This confusion lifted when I asked him whether he was not enraged about the interference with a work in which he had invested so much hope and pride. He had been unable to recognize his anxiety and rage reaction, because he was blinded by a taboo: 'The analyst must not have counter-transference reactions.' After the analyst had understood his anxiety and rage reaction and its ramifications he was fully able to understand his patient's conflict and anxiety and could act accordingly.

In order to deepen the understanding of the patient the analyst cannot always remain free from anxieties, nor can he afford to stay completely outside the regressive movements of his patients. There is the danger that he might use a pretence of psycho-analytic aloofness as a defence against the anxiety of not understanding and separation from the patient. Such anxiety may also be covered by overactive interpretations or undue passivity, in which the analyst may wander off into private pre-occupation or drowsiness. Anxiety interferes with the freely hovering attention and makes the analyst recoil from accompanying the patient into the painful conflicts of regression. The uninhibited understanding of the patient is facilitated by the dynamism of introjection which, according to Fenichel (11), leads to partial identification and is closely related to empathy—*Einfühlung*—the intuitive grasp of the real mental states of another person. While transferences of the patient are primarily characterized by projections, the analyst's counter-transferences are to a higher degree determined by introjections.

Federn (12) has taught that identifications in later life rest on an expansion of ego boundaries, mental and bodily, so that they include the other person within themselves. 'The same phenomenon,' Federn continues, 'also occurs in every object relation or interest in an object, but then in only a transitory manner at the ego boundary that exists at that time.' Fliess (9) considers 'transient trial identifications' an important part of counter-transference. The analyst's ability to expand his ego

boundaries is a precondition for his work. He encompasses not only the patient's conscious reports, he also receives informations from the non-verbal, unconscious parts of the patient's personality. The analyst's empathy puts him into the patient's shoes, enables him to read between the lines, to take his clues not only from the patient's verbal communications, but also from the intonation of his voice, changes in breathing, his facial expression, gestures, automatic movements that are taken in on the pre-conscious level. In addition, the analyst experiences emotional responses, unwittingly elicited by the patient. If the analyst were to dismiss his own angry, indignant, enraged, resentful, sympathetic, or tender reactions without further private scrutiny, he would miss important information.

In order to evaluate the information gained from empathy the analyst must be aware of the danger of subjectivity involved in processes of identification. Object representations included within the ego boundary or resulting from the expansion of the ego boundary over the object are endangered by pathologically invested narcissism which falsifies reality. Federn's (13) differentiation between healthy and pathological narcissism seems to me very helpful. 'The purer are our object representations,' said he, 'the more our thinking becomes objective and free from subjectivity and the dominance of the ego.' There is a constant vacillation between subjectivity and objectivity in the attitude of the analyst. Robert Waelder (14) has pointed out the dialectic structure of psycho-analysis. In the relation of the analyst to the patient there exists a polarity between participation and observation, transference and real relationship; the latter coincides with what I have already referred to as the ideal positive counter-transference. The pendulum of the analyst's libido investment must be able to swing freely from participation to observation, from attachment to detachment. The objectivity of self-scrutiny is as necessary as the observation of the patient in order to correct the falsifications of reality implied in the process of identification. But I consider it inappropriate to communicate counter-transference discoveries directly to the patient, unless the analysand has arrived at a terminal phase (15). During the course of analysis the communication of counter-transference can easily degenerate into an undisciplined discharge reaction. Lack of discipline is not spontaneity. It is important to keep the

emotions aroused by the patient's transference in suspense, and to use the mobilized energies for reflexion, investigation, and analysis of both patient and analyst.

In order to evaluate the usefulness of his counter-transference reactions the analyst must be alert to the danger signal of minimal anxieties which indicate obstructions in both phases of the pendulum swing between identification and objectivity.

(1) Identification is impeded by any form of prejudice on the part of the analyst. Prejudice and empathy are absolutely incompatible. Differences of cultural background can be and have been transcended by understanding, but not the barriers of prejudice that serve as rigid defences against anxieties. The analyst can very well be established in his group loyalties and value systems. But the fanatic adherents of any creed are hampered by their prejudice and are, at least unconsciously, prone to convert. Also the conventionally adjusted person may be handicapped when he takes it for granted that his value system is generally accepted and represents 'reality'. An agnostic analyst who takes his agnosticism for granted cannot well emphasize with a devout believer, and *vice versa*.

We assume that the training analysis succeeds in liberating the analyst from ingrained prejudice. But each new patient may represent a new challenge; certain aspects of the patient's pathology may confront the analyst with anxieties elicited by the unknown. It appears desirable that the young analyst during his training be exposed to a rich variety of types of patient and forms of illness. The psychogenic illnesses, neuroses as well as psychoses, psychosomatic illnesses, and character disorders are not sharply separated from each other. We learn from the treatment of psychoses what we can apply in the treatment of neuroses, and *vice versa*. It has been proved by Federn (16), Fromm-Reichmann (17), and many other analysts that the difficulty in treatment of the narcissistic neuroses does not lie in the lack of transference. The transference is more vehement and less manageable than in neurosis. Obstacles in the treatment of psychoses arise rather in the limitations of counter-transference. It is more difficult to identify with the psychotic, to accompany him on the regressive descent into the panic, despair, and loneliness of a psychosis. The analyst has to assess his stamina of endurance. He may become inflicted by the

patient's deep discouragement and lose the vision of and the faith in the patient's potentialities for recovery. In the great number of borderline cases that nowadays apply for private psycho-analytic treatment the question frequently arises: Is the doubt in the patient's curability a realistic assessment or a prejudice of the analyst, a defence against the anxieties mobilized by the patient's despair?

By his own prejudice the analyst may unwittingly reinforce the patient's prejudice against his own pathology which militates against modification and integration of unacceptable trends in his personality. Freud (18) has stressed the task of the analyst to create an atmosphere of tolerance in which the patient can look at his illness as a dignified adversary. As long as the patient despises his pathology, he is compelled to continue repression or other defences which delay integration.

A trial period of analysis can help to decide whether doctor and patient can profitably work with each other. An initial aversion against the patient's pathology may later yield to a challenging interest. For instance, the tolerance of an analyst was put to a hard test when his analysand reported how he mistreated a helpless child; the analyst felt frustrated and enraged, inclined to reject the patient. But since the analyst was able to keep his emotional response in suspense and to use the mobilized energies in a search for understanding, the compulsive behaviour of the patient became elucidated and modifiable.

Sometimes a prejudicial discouragement creeps into the analyst's attitude outside of his awareness. A student in training presented the recordings of his sessions with a slowly moving patient. The trainee's voice sounded stereotyped, mildly irritated, preaching, though not in content but in tone. His colleagues stimulated his self-scrutiny and he discovered that his stereotyped attitude masked his anxiety and rage about the patient's negative therapeutic reaction. After having been able to admit his negative counter-transference to himself and the group he was in a better position to tackle the patient's resistances spontaneously and effectively. Defensive rigidity of the analyst's ego-boundaries walls him off against the patient; he can be helpful only to the degree that he can broaden his ego-boundaries to encompass the patient and his pathology.

(2) The counter-transference of the analyst becomes an impediment not only when his ego-

boundaries are loaded with counter-resistance. An overflexibility of the analyst's ego-boundaries may also set a limit to the therapeutic effectiveness. A supervisor is sometimes baffled by reports of a supervisee who is overidentified to such a degree with his patient that the supervisor does not know where the analysis ends and where the analyst begins. In such a treatment situation, there is usually a good emotional rapport. The analysand is gratified by his analyst's understanding, yet treatment makes no further progress. Closer scrutiny reveals a partiality that sanctions the patient's infantile demands. The analyst has taken the patient's side in his controversy against the parents or members of his recent family. This has been necessary since the patient has become ill owing to insoluble conflicts carried from the past into the present. The parents have given him an inadequate preparation for life and he has to get rid of an accumulation of resentments, and even vindictiveness, which first had to be made conscious with the help of the analyst's permissive understanding. But the patient may get stuck in this phase. He repeats his accusations against the past and cannot make peace with the present which represents largely a repetition of the past. At this juncture it is important that the analyst stimulate increased reality testing which goes hand in hand with reinforced cathexis of ego-boundaries. It implies the confrontation with the inevitable frustrations rooted in the Oedipus conflict. If there exists an archaic identification of the analyst with the patient on the pregenital level, if the analyst cannot freely swing from identification to differentiation, he may reinforce the patient's resistance to work through the Oedipus conflict. Like an over-indulgent parent who vicariously enjoys his child's grandiosity and fails to set limits to his demands for omnipotence, the over-empathic analyst may not be able to confront the patient with the dose of frustration which the patient can handle at a given time without recoiling into regression. If the analyst becomes over-anxious about the patient's destructive tendencies, his identification with him loses its transient character and becomes instituted as a means of withdrawal from challenging anxieties in the analytic situation. An unconscious conspiracy between analyst and analysand takes place which limits the therapeutic progress. The patient may feel close to the analyst, transiently relieved from loneliness and despair. The analyst is an ally

against the world, but the world remains unbearable. Such unconscious conspiracy can lead in extreme cases to a *folie à deux*. Analysis fails to mobilize the anxieties of frustration and the libidinal energies to surmount them.

A young analyst came to a supervisor with heavy self-reproaches because he had fallen in love with a woman patient. Closer scrutiny revealed that he had not fallen in love, but had failed to rise from identification with a seductive, anxious patient to a more sincere object relation. Becoming conscious of his anxieties which prevented him from disagreeing with the impetuous patient, he became able to interpret her seductive manipulations and to overcome her resistance.

Summary: The ideal positive counter-transference, the maintenance of benevolent neutrality depends on the alertness to the swings of counter-transference. The action of interpretation, its appropriate depth and timing is based on empathy, an optimal flexibility of ego boundaries, which becomes disturbed by the analyst's anxieties. In each counter-transference experience new territory can be discovered. New facets in the patient's personality may touch off unknown boundaries in the analyst's ego. The confrontation with the unknown arouses anxieties not only in the patient, but in the analyst also, although he is fortified by professional knowledge and experience. A new experience may even arouse transient withdrawal and estrangement, before it can become an integrated insight. It is important that the analyst admit such anxieties to himself. The young analyst frequently feels that he should not have any counter-transference reactions, that he should be a mirror, unswerving in his neutrality, detached like a surgeon. He is ashamed of his anxieties, he would like to be relaxed and spontaneous. It is true that the analyst becomes useless to the patient when his own anxieties exceed those of the patient. But the patient, in phases of negative transference, goes all out to arouse the analyst's anxiety and to defeat him therewith. He may be very intuitive in spotting the weaknesses in the analyst's armour. If the analyst becomes preoccupied with mending his own fences he loses sight of the essential job of understanding the transference-counter-transference situation and he impairs the patient's trust. It is understandable that the young analyst particularly is at times tempted to deny his anxieties to himself and to pretend to a false equanimity. But such inner division and conflict decrease the

analyst's ego-strength. It is important that the supervisory analyst stimulate the self-analysis of the analyst. The pretence of courage is just as detrimental to the development of genuine courage as hypocritical dedication is in precluding the growth of real devotion. The analyst must expect anxieties, whenever his

benevolent neutrality is challenged by limitations of trial identification or by over-extension of introjection. In supervision as well as in my own experience I have found the most visible progress made when the analyst can become conscious of a formerly unconscious counter-transference reaction.

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- (18) FREUD, SIGMUND. 'Further Recommendations in the Technique of Psycho-Analysis. Recollection, Repetition and Working Through', *Collected Papers*, II.

THE DYNAMICS OF TRAINING ANALYSIS¹

By NILS NIELSEN, COPENHAGEN

The training of future analysts is such an important issue that we may well ask ourselves why so few papers are devoted to it. This is especially true of training analysis. Searching for an answer we cannot avoid using analytical methods. Suffice it to say that it cannot be without relevance that there is a very wide gap between the formal training of the older members and that of the younger ones. This might be supposed to foster unconscious guilt feelings with the appropriate defence mechanisms among the older generation and a wish to assert themselves by quantitative measures among the newcomers. The situation may be illustrated by a typical association during training analysis: 'You, my analyst, have been analysed for 300 hours by a man who was analysed for 150 hours by someone who was not analysed at all.' This simple reflection poses problems which too many analysts are apt to avoid.

In other words, we ought to ask ourselves how evolution in our science is possible. But many other questions will arise in this connexion. Has the quantitative factor been overrated? Is the choice of future analysts more or less important than their training? Is there a qualitative difference between training and therapeutic analysis? And last but not least: Would it not be possible to investigate the results of different types of selection and training?

The starting-point of my reflections has been the impression, by no means original, that the type of candidates for training has been changing rapidly during these last decades. The analyst of the twenties was a pronounced idealist (although a fighter against ideals!), a champion of a cause, who was prepared to take arms against a sea of troubles. Latter-day analysts have a more matter-of-fact attitude, since analysis has become a stepping-stone in one's career instead of a forlorn hope. The new motivations are certainly less neurotic, but

nevertheless some of us are apt to deplore the change.

The consequences have already given rise to some debate, and the general opinion seems to be that we cannot accept a person for training analysis if he does not feel a very real need of analysis, which is the same as to say that he must have some sort of neurosis and know it. This is all very well, but every intelligent trainee knows of it beforehand, and what if his personal problems are very insignificant? Is a well adapted, 'supernormal' individual always unfit for analytical training, and what sort of neurosis would we prefer?

This is where the question of the dynamics of training analysis comes in. Freud and others have told us that well-adapted, harmonious individuals with a stable character formation are extremely difficult if not impossible to analyse. The motor of analysis is suffering—the ordinary patient comes to the analyst because he is ill and unhappy, he helps us to solve his problems because there is no other way out, and he leaves us when he is feeling all right. We know, of course, that if the patient feels all right, this does not guarantee that he is all right, but at this stage it is difficult and often impossible to make him stay, and the chances of getting any further are not great.

In training analysis all that is quite different. The patients are not patients in the strict sense of the word. They do not come to the analysts because they are down and out, but because they want an analytic training. Regardless of what they tell us, they will nearly always put the stress on the word 'training', not on 'analysis'. The analyst's first and foremost job ought then to be to make a patient out of the analysand or, to put it in English, to make him suffer.

It might be said that training analysis begins where therapeutic analysis ends. The latter results at its best in a compromise, the former

¹ Paper read at the 18th International Psycho-Analytical Congress at London on 29 July, 1953.

should be 'the real thing'. Here we have the chance to approach the ideal of 'infinite analysis', at least in theory. But let us examine the facts.

Freud has remarked that the analyst is working against his own interests, as every progress in therapy will strengthen the moment of inertia. Ferenczi has formulated 'the law of the economy of suffering', which implies that we have to provoke a certain amount of suffering in the patient but not too much, since we then will risk unwanted reactions. Both have outlined various provocative measures, for example the abstinence rule and the energetic analysis of narcissistic defence mechanisms. These devices are our chief weapons in tackling the so-called normal personality, but their scope is necessarily restricted. We shall soon detect that the risk of injuring a relatively normal patient with a strong ego is not indeed so great. His reactions will in most cases resemble a storm in a glass of water and will have no therapeutic or pedagogic significance whatever.

Freud has said that it is impossible to provoke instinctual conflicts that are dormant and inactual. The only way would be to create actual suffering, for example by destroying the patient's marital relations or by forcing him to give up a job which is of vital importance to him. But luckily, Freud exclaims, we have not the power to do so, and the patient would not acquiesce. This is very characteristic of Freud with his strong sense of moral responsibility, but the theoretical possibility cannot of course be thus easily dismissed. However, most of us would, I think, without hesitation accept Freud's dictum that the analyst has no moral right to play the *diabolus ex machina*. The psycho-analytical association is no monastic society which demands of its novices asceticism and self-torture. There is of course much masochism in the character structure of the ordinary analyst, but it certainly ought not to be encouraged.

In his 'Analysis Terminable and Interminable' Freud does not talk expressly of training analysis. He reflects on the possibilities of analytical therapy, and in a rather pessimistic manner. He mentions, however, the results of psycho-analytic training, and his judgements are very harsh indeed. Other analysts are also very sceptical as to the possibilities of personality change in analysis. It seems to me self-evident that character traits cannot be radically changed when they make possible

successful adaptation and protect the individual against ordinary shocks of civilized life. We may easily make the patient recognize that these traits are neurotic, in the psycho-analytic sense of the word, but it is unreasonable to expect wholehearted co-operation in our fight against them.

Most people have neurotic symptoms or traits, which are a nuisance to them. But if we start with a relatively healthy, well-balanced and well-adapted patient we shall soon come to the stage when the wish to become an analyst is the strongest motive force of the analysis. And then we are in about the same situation as a man who should try to rock a mountain by means of a hairpin.

The wish to be an analyst, be it consciously or unconsciously motivated, is really no help at all, but rather a resistance. If we were able to analyse it thoroughly, would that not make an end of further training? And, to carry the joke one step further, would not the analyst risk quitting analysis too? Is it not very daring to contend that the result of a thorough analysis must be an analyst? Might not the opposite be the truth?

This unsolved problem will always cloud the transference relationship in training analysis, which apart from that cannot be said to be very pure. The analyst is a very real authority, who holds the patient's professional fate in his hands. The patient will have a very strong tendency to placate him; to subordinate himself to and identify himself with the analyst. We may analyse this as a transference as much as we like, but it will always be very difficult to convince the patient that it is transference only. He may have heard of other analysts who have been refused, he may know the reason why, and he can certainly not avoid trying to mould his behaviour thereafter. The art of winning friends and influencing people is extensively practised nowadays, and I do not think that all analysts are immune to it.

This leads to the very unpleasant question, whether an analyst can be duped, and I do not think that many of us would dare to answer it in the negative. Is it not an experience common to all analysts who are past the novice stage, to be forced to revise their opinion of a patient on account of some accidental, extra-analytical information? For example, the patient may have given us a severely distorted picture of his relations to his family or his superiors, or someone may reveal to us that he is addicted to drink

or drugs. Now such things may and must also happen in training analysis, and perhaps more often there because of the very special type of transference. Ordinary patients are seldom consciously dishonest; they have nothing to lose and everything to win by being sincere. The young doctor who has seduced a patient, or who has taken morphia for a period, will quite naturally be very reticent about it, because a confession would endanger his future as an analyst.

Yes, analysts are also human beings and may be duped, and we cannot be careful enough about it. Can we really afford to abstain from the use of ordinary psychiatric methods to get outside information about our patients? Regardless of what has been said by many distinguished analysts, I cannot find it wise that we should divest ourselves of a technique which in other fields of psychiatry has yielded very valuable results. In ordinary psycho-analytic therapy it is my practice to send the patient to a psychiatrist and a psychologist before treatment and then at intervals. I think it would be very practical to use similar methods in training analysis, especially as a running control. Information from relations, friends, colleagues and so on might thus be elicited without undue interference with subtle analytical mechanisms.

The preceptor attitude of the analyst is an ineluctable component of the counter-transference, but may have undesired complications. It may play the same rôle as the much cited *furor sanandi*, the all too strong wish to help and cure the patient. The wish to mould a man in one's own image is so ubiquitous that not even God is exempt from it; it is a manifestation of primary narcissism with which our educational system is too much imbued. After some twenty to thirty years of school, university, and hospital education, the average student comes to the psycho-analytic institute with a hopelessly submissive attitude, which is all too easy to play upon. We must be very careful and well-analyzed indeed, if this transference shall not exert an irresistible lure. And it is not enough to resist it, we must also make a conscious effort to fight the famulus attitude actively as an ingrained conditioned reflex, which can seldom be annihilated by analytical methods pure and simple.

Problems of transference are, however, of

minor importance compared to the supposition that training analysis may sometimes lack the motive force which we are prone to regard as indispensable. Now this difficulty might be overcome in at least three ways. The first would be to choose certain types of neurotics for training analysis. Not much thought has been spent on this problem, but certain indications and contra-indications might be formulated and tested. It is of course rather easy to single out those characteristics, which make analysis a doubtful venture; less easy to tell what symptoms give the best prognosis, and quite difficult to point out neurotic traits that make for a successful analysis and may be a real asset to the future analyst. Only an empirical investigation of the destinies of individual analysts can give real information on this very important subject.

Secondly, we could try a more active technique in training analysis. If the patient has a strong ego and is not entangled in matrimonial and social obligations, this might be tried with impunity. That is about the same as to say that analysis ought to be begun early in life, a demand which unfortunately seems to run contrary to present trends.

The third possibility would be to accept gifted, aneurotic, well adapted candidates and train them with due regard to the fact that they cannot be analysed intensively. This would mean giving them a shorter, more didactic analysis, combined with painstaking control of their therapeutic efforts. The goal of their analysis would then be that defined by Freud in 1937, namely to convince the scholar of the existence of the unconscious, to let him experience the otherwise incredible sensations connected with the breaking through of repressed material, and to give him a sample of the standard psycho-analytic technique. Analysts trained after these principles exist in plenty; they may have their faults, but it takes all sorts to make a world or a psycho-analytical association.

My points of view are mainly theoretical, but my aim is practical. There can be no purpose in defining or criticizing standards of psycho-analytic training if they are not constantly referred to experience. No theoretical construction can be so perfect that we can or must not ask ourselves: "How does it work?"

THE DIFFICULTIES OF DIDACTIC PSYCHO-ANALYSIS IN RELATION TO THERAPEUTIC PSYCHO-ANALYSIS¹

By DR. S. NACHT, PARIS

It is often said and generally believed that training analysis in no way differs from therapeutic analysis. My personal experience has led me to a different conclusion.

Much could be said, in my opinion, on what it is that distinguishes them. I shall limit myself, in this short paper, to drawing your attention to the following fact, which appears to me to be of great importance: in principle we use the same technique whether it be a question of treating a patient or training a candidate, whereas the conditions governing the setting and the development of the relationship between analyst and analysand are very different in the two cases.

These special conditions will thus have serious repercussions in a training analysis on the transference and counter-transference reactions, the central point of every analysis. Resistances will therefore also be manifested in quite different ways.

Even before the analysis begins the situation of a candidate in relation to his analyst is not only different from, but I would say almost the opposite of, that of an ordinary patient, owing to the fact that:

- (1) he already has a fairly extensive theoretical knowledge of psycho-analysis;
- (2) he comes of his own accord to be analysed;
- (3) he has been free to choose his analyst according to his inclinations, whether according to what he knows or believes he knows of his personality, or to what he knows of him directly or from his publications;
- (4) the anticipated successful termination of the analysis implies that he will have in the future both a professional and a social relationship with his analyst.

Whatever the importance of these factors may be in any particular case, the result is always the same in the analytical situation, which is strained from the beginning: indeed

the image that the analyst presents to the patient has lost the perfect neutrality deemed necessary in the classic technique.

Whatever the rational value of the choice made by the candidate, experience has taught us that this choice applies or translates his unconscious infantile tendencies, which are based, in this case, on *real* factors. The result is therefore bound to be a modification of transference and counter-transference phenomena. Because of this the reduction by the analyst of certain movements in the transference to their subjective origins is made more difficult, if not impossible. The *unsuitable, anachronistic* character of these tendencies can only with difficulty be fully recognized and accepted, since certain rationalizations are not only possible but justified by real factors having all the appearance of objectivity. Thus the work of analysis and of the breaking down of resistances is made much more complex.

The difficulties due to the rationalization of resistances are found to be increased by the fact that the candidate already possesses a certain amount of theoretical knowledge which he often uses to consolidate his resistances. As for the analyst, he can himself be led, if he is not careful, to scotomize fundamental transference situations because they would involve him directly as an individual and not in a phantasmic world as the ordinary patient imagines him. In this situation the candidate acts and reacts to factors *belonging to real life*, and certain transference behaviour can in consequence no longer be interpreted in the usual way, or taken back to a purely subjective level.

The confrontation between the past and the present, the lived and the relived, the imaginary and the real, all this *movement* which the most effective conscious awareness engenders, can be rendered very difficult, indeed even problematical: the risk is considerable that everything may take place at a purely intellectual

¹ Paper read at the 18th International Psycho-Analytical Congress at London on 29 July, 1953. (Translated by Mrs. M. Philips.)

level without touching deeply on the instinctual conflicts. Therefore, more than in therapeutic analyses the resistance arising by the transference can become ineradicable.

Such a different analyst-analysand relationship calls for a different adaptation of technique. But there is nothing of the kind at least to my knowledge, and psycho-analytical literature is silent on this subject.

If we examine from another point of view the respective aims of the ordinary patient and of the candidate when they undertake an analysis, we ascertain that their initial aims are also quite different: the patient wishes consciously to get better. Unconsciously he expects everything to come from the psycho-analyst, in whom he sees an idealized parent. If it be a man, he expects the analyst to give him permission and the strength to become like him, that is to say similar to the image of an idealized parent. This expectation in the future psycho-analyst is on the contrary perfectly conscious, since he too wishes to become an analyst. In so far as aim is a *real* factor, recognized objectively by analyst and analysand, the infantile determinants of this aspiration, the phantasmic value of these movements of identification remains outside the analysis for a long time, because they are covered and protected by real factors. As a result the neutrality of the analytical situation is weakened, whereas in the analyst-patient situation it is relatively easy to maintain this neutrality at its maximum.

One of the principal consequences of all this is that the defence mechanisms against fear and guilt engendered by feelings of competition, rivalry, and jealousy (in other words against the aggression which underlies them) are impossible to approach in the same way in a training analysis, the latter constituting *in fact* a situation favourable to the rigid reinforcement of the superego.

In contrast to this, in a therapeutic analysis, the situation being quite different, it is often sufficient that the analyst know how to maintain his attitude of benevolent neutrality for the opposite process to be possible: the softening of the superego and with it a strengthening of the ego through the integration of instinctual and particularly of aggressive drives.

In consequence, during this period of the analysis, if it is advisable for the therapist to reveal—discreetly of course—his ‘presence’ to the patient since this is of benefit to him, it would in contrast be preferable in a didactic

analysis for his personality to be obscured as much as possible, owing to the fact that the analysand cannot feel it to be neutral.

I am speaking here of the first phase of a training analysis, for in the later phases, when the ego has acquired more strength thanks to a certain degree of ‘*réalité relationelle*’ which exists between analysand and analyst, the ‘presence’ of the latter takes on a more authentic character. The development of the analysis will gain from it, and the desirable modifications of the patient’s personality will be promoted.

But so long as this later phase of a training analysis has not been attained, the resistances escape from the analysis at the transference level and the real facts are only too favourable to rationalization. Added to this, the interference of the patient’s theoretical knowledge and his future professional interests urge him to an intellectual rather than an affective acceptance instead of actual recognition of his unconscious processes.

The contrast between that which is above all *relived* by the patient during the treatment and that which is really lived during the course of a training analysis appears clearly in another connexion: the candidate undergoing a training analysis generally does not abandon it; flight from the analyst is practically impossible. The state of dependence of the patient on his analyst in this case is once again a *real* fact, since the career of the candidate will largely depend on the analyst’s opinion of him.

The state of dependence is not therefore *relived*, subjectively reconstituted in the form of an infantile regression: it is lived in actuality, in the real situation. The analysand is involved here in a situation comparable to that of the child tied to its parents by its vital needs: flight in order to protect or revenge himself is impossible.

It seems to me important to emphasize this point, from which arises everything that differentiates a didactic analysis from a therapeutic one as far as the relationship between analyst and analysand is concerned. In the first case the analyst is an *integral part* of the reality principle: in the other he only *represents* it. Not to take into account this fundamental difference, or to minimize it, is in my opinion to distort the basic problem. It is to risk endangering the fundamental process of release and integration of aggression. The real dependence which marks the relationship of the candidate with the analyst, particularly in

transference problems, calls for more subtle interpretations or else the interpretations can remain inoperative.

If, after having studied the situation of the analysand, we pass now to that of the analyst, we shall see that his attitude and the affects which can determine it differ also according to whether he is practising therapeutic or didactic analysis.

In a therapeutic analysis there are moments when the analyst must, for example, be very careful about the dosing of frustrations technically necessary, in order to preserve the continuation of the treatment. It is thus that the benevolent neutrality and its corollary, the free floating attention, may have to undergo certain fluctuations, whereas in a training analysis they can be maintained without wavering: since the risk of seeing the candidate give up his treatment is non-existent, the strict application of the classic rules of technique is in his case not only possible but fully feasible. At this level therefore the task of the analyst is easier. Apparently at least, for in reality this benefit also involves certain disadvantages: if the candidate cannot in principle leave the analyst, neither can the analyst send him away save for exceptional reasons. The analysand of course perceives this aspect of the counter-transference which protects him from dismissal and leads him to develop resistances of a more subtle nature.

The problem of the counter-transference as we see it must therefore be especially taken into consideration in a didactic analysis.

It is dominated by the fact that to the analyst-analysand relationship is added the master-pupil relationship. The terms 'intellectual paternity' or 'intellectual filiation' can have deep repercussions even with an analyst. These images arouse in him, in a didactic much more than in a therapeutic analysis, reactions of a parent-child or child-parent relationship. According to the intensity and the quality of his residual fixations, he can be more severe or more indulgent, liberal or exacting or more or less desirous of guiding his prospective candidate towards a 'brilliant success'.

Here the analyst is faced with a danger against which Freud warned us all: the temptation to play the rôle of 'master' towards one's analysand, or to pose as a model. The analysand, whether he be patient or future analyst, is only too inclined to adopt this point of view.

If the analyst tends in the same direction through conscious or unconscious errors, one can easily guess what weight he will bring to bear on his candidate and how regrettably he will strengthen his superego! Dr. Balint courageously pointed out this danger some years ago. But in the article in question Balint² criticizes and condemns the deliberate *conscious* attitude of the analyst who exerts a 'partisan' pressure on the candidate.

But this attitude shows such a disregard for the elementary principles of analysis that it is outside the problems of technique. I have therefore tried to show the dangerous repercussions of such an attitude when it is *unconscious* and that because of this it alters the technique.

It follows therefore that the analyst must observe more carefully still his counter-transference reactions, indeed watch them throughout a training analysis in order to be able to control them as best he can.

Here again we see the differences between a didactic analysis and a therapeutic analysis accentuated by the fact that these reactions have, in the first case, a *real* basis. In fact, neither the analyst nor the analysand are, as in a therapeutic analysis, strangers at once so close and so distant that their relationship will always have quite a special quality. On the contrary they belong, or are destined to belong, to the same milieu; they meet or will meet each other again in their professional life, with what this implies of social interdependence. It can happen that the analyst may find himself less free, more 'bound', than in a therapeutic analysis, the results of his work being, through circumstances, more subjected to the judgement of his colleagues.

It seems therefore difficult to affirm that a didactic and a therapeutic analysis are strictly one and the same thing. Very much to the contrary, each presents quite different problems of technique, especially concerning the transference and counter-transference. The conditions which precede, accompany, and follow the respective analyses make the analyst-analysand relationship completely dissimilar in the two cases.

Whereas in a therapeutic analysis we endeavour to restrict the limits of this relationship to a minimum so that the corresponding 'gap' thus obtained can be filled with subjective elements, in a didactic analysis the relationship

² M. Balint: 'On the Psycho-analytical Training System', *Int. J. Psycho-Anal.*, 29, 1948.

is in part determined by real factors which cannot be avoided. The dependence of the candidate on his analyst is amongst other things an objective fact with which one has to reckon. The reactions of the candidate in a training analysis are therefore determined at the same time by what ties him affectively to his analyst and by the reproduction of old ties.

This often results in difficulties, as much for the analyst as for the analysand, when they have to delimitate and set apart these two superimposed situations. The infantile motivations of behaviour regressively activated within the analysis become more difficult to grasp. In contrast, their rationalization is facilitated and because of this the defence mechanisms remain intact. The effectiveness of the analysis is then found to be limited, if not ruined, by an acceptance which may remain purely intellectual and rational.

The intensity of some unresolved conflicts in the candidate, indeed even the existence of neurotic symptoms, can modify this situation to a certain degree and bring the didactic analysis closer to a therapeutic one. For in this case the weakness of the ego organization, and the resultant unsuitable character of the defence mechanisms, can facilitate the work of the analysis when it is necessary to go deeply into the personality of the analysand.

Thus the opinion, apparently so paradoxical, expressed by various psycho-analysts at the meetings of the American Psychoanalytic Association devoted to the question of didactic analysis, would be found to be justified.³ According to this opinion a so-called 'normal' personality would not necessarily be a favourable criterion in the choice of candidates for a training analysis!

At first sight this opinion is obviously alarming. On reflection, however, it is acceptable up to a point, for with a patient in whom defences are set and adjusted the analysis is made more difficult: he more easily keeps it at an intellectual level, and thus eludes modifications in depth of the personality which are so often necessary. This explains why a particularly well-balanced and adjusted person maintains solid barriers against a real and deepened knowledge of the unconscious. However, to penetrate into the unconscious as deeply as possible is a task still more essential in a training analysis than in a therapeutic one. In a

therapeutic analysis the analyst can be less demanding in this respect, since in the end the cure is the only thing that matters. For a future psycho-analyst it is not the same thing, and no compromise, no more-or-less should be tolerated in the work on depth of conscious recognition. But this aim seems definitely more difficult to fulfil in a training than in a therapeutic analysis, and would call for a different and more subtle technique, especially in the handling of the transference.

Besides the technical modifications bearing on the work carried out within the didactic analysis itself and destined to eliminate as far as possible the difficulties I have stressed, it seems to me that other modifications, this time outside the work of the analysis and concerned especially with the rules which govern the training of the future analyst, might profitably be considered. They would tend amongst other things to improve the conditions for a training analysis and to make them more nearly those of a purely therapeutic analysis, and also to change the situation of the analyst in relation to the candidate, to neutralize it in some way so that the career of the future psycho-analyst should not depend on his own analyst's opinion of him. Only the supervisors, for example, would decide on the abilities and capacities of the candidate, who would thus be judged by his work and not by the course of his analysis.

Lastly, another measure could be considered, one that has often been thought desirable but which ought to become a formal obligation: I refer to a subsequent complementary analysis for an analyst already recognized and a member of a Society.

It would be possible for this second personal analysis to avoid the difficulties of the first, since it would allow of no more possible 'sanctions' on the part of the analyst. The transference situation would be normalized because of this, and the deficiencies inherent in a first analysis would thus be put right.

I know that many problems can arise from such changes in our analytical methods. These questions should therefore be submitted to long and patient study, so that adequate and satisfactory answers to them may be found.

In my opinion this problem merits wide discussion, and that is why I wished to put it before you. This is the only aim of this short paper.

³ M. Gitelson: 'Problems of Psycho-Analytic Training', *Psychoanal. Quart.*, 17, No. 2, 1948.

ABOUT THE RELATION BETWEEN PSYCHO-ANALYTIC TRAINING AND PSYCHO-ANALYTIC THERAPY¹

By MARTIN GROTJAHN, M.D., BEVERLY HILLS, CALIF.

INTRODUCTION

The relation between analytic training and analytic therapy can best be studied if training is divided into three different parts as reflected in the three parts of this presentation:

1. Special Aspects of Training or 'Preparatory' Analysis.
2. The Timing and Meaning of Classroom Teaching.
3. The Importance and Specificity of Analytic Supervision.

Part I. Special Aspects of Training or 'Preparatory' Analysis

A training analysis under our modern institutes for psycho-analysis is different—but should not be different—from a therapeutic analysis. The difference between therapeutic analysis and training analysis is comparable to the difference between a patient and a sick physician. The sick physician while consulting a colleague will announce that he wants to behave and wants to be treated 'just like any other patient'. This is easier said than done. The difficulty lies both in the sick physician and in the treating physician.

The sick physician cannot forget his medical knowledge, and the candidate in training cannot forget that he is in training and not 'only' in therapy. The realistic fact that his professional career and his analysis are combined influences especially the early stages of his training analysis; such aim influences profoundly the realistic and the transference relationship. When this is kept in mind, technical devices can be found and applied to bring training closer to therapy.

Training is conducted in an analytic atmosphere different from the transference situation as we know it in therapeutic analysis. We

employ rules and regulations dictated by academic considerations but not necessarily indicated by therapeutic needs. Even more unusual and important, these rules are known to the candidate—in contrast to the average patient who knows little about 'minimal standards and the 300-hour rule'.

The length, or the approximate length, and the timing of interviews is determined by training standards and not always by therapeutic exigencies. Rules inhibiting spontaneity and enforcing regularity or even rigidity in analytic training must be kept to a minimum if training analysis is ever to approximate therapeutic analysis. The rules which we must have to maintain an analytic organization must be tested and retested constantly in order to safeguard that freedom of movement which we need within the framework of analytic technique. I consider such freedom—or flexibility—or spontaneity essential to safeguard the efficiency of analytic training. The term 'flexibility' or analytic spontaneity is used here as a behaviouristic term to describe the training analyst's attitude based on his free-floating attention as it corresponds to the free association of his candidate. Training analysts have recognized the necessity of such spontaneity in analysing the special defences in a candidate. This is why only experienced analysts should conduct training and why we have certain rules before a member of our Association becomes eligible as a training analyst. While the beginner needs to follow the standard technique, the experienced training analyst will move with freedom and spontaneity in order to approach efficiently the analysis of his candidate's defences.

Such analytic freedom is necessary to bring the doctor-student to an acceptance of himself as 'just another patient in analysis'. Then, and perhaps only then, the old maxim will be approximated that there is no difference be-

¹ Paper read at the 18th International Psycho-Analytical Congress at London on 29 July, 1953.

tween training analysis and therapeutic analysis. Actually this is seldom realized in practice.

Recently Kurt Eissler² has made suggestions which could show the way from 'wild discussion of psycho-analytic technique' corresponding to wild psycho-analysis to a more rational discussion of controversies of psycho-analytic therapy and training. Kurt Eissler defines in this paper the concept of a 'parameter' as a variation both quantitatively and qualitatively from basic model psycho-analytic technique, which requires interpretation as the exclusive tool. Applying Eissler's concepts to the ideas expressed here about psycho-analytic training, it is clear that the 'parameter' of increased spontaneity is introduced into didactic analysis only because the basic technique does not suffice; this parameter never trespasses beyond the strictly-indicated minimum. The recommended variation results in their final elimination. All changes in the technique of psycho-analytic training can be understood in terms of the effect of the parameter on transference relations with the aim of keeping or leading the transference neurosis of the analyst in training as closely as possible to the transference neurosis as it exists in the original therapeutic relationship of psycho-analytic therapy. In other words: training analysis is concluded with a parameter of zero. This is of the greatest importance for our later discussion to-day. Interpretation becomes finally the basic tool as in the model technique, and Ego Integration remains the final aim.

Analytic spontaneity is an essential requirement for a training analyst but is not a therapeutic tool in itself. It is an attitude in which the analytic tool of interpretation should be used. Without such attitude, training becomes routine and loses its efficiency as therapy and training. A training analyst bound too tightly by rules and regulations will be limited in his skill in dealing with the student's resistance.

Spontaneity as an attitude is dependent only partly on the countertransference of the psychoanalyst to the candidate. It is also dependent on the training analyst's emotional ties which bind him to his group of psycho-analytic friends, the Institute, the Society and Association. Every psychotherapeutic situation is essentially a two-person relationship, but training analysis asks a double relationship from the training analyst. This makes the emotional

situation of a training analyst unique. It seems, but is not really, a case of divided loyalty. A training analyst who is aware of this specific and unique situation will have no specific difficulties in developing the required degree of inner freedom as expressed in analytic spontaneity.

Originally training was carried on exclusively between the analytic teacher and his individual student. These were the days of apprenticeship. To-day, candidate and analyst are members of an analytic group and Institute; the former apprenticeship has been replaced by a new form of training in which a large faculty participates with different rôles and with different degrees of responsibility. Such group responsibility reduces the intensity of transference and countertransference feelings, but complicates matters through a different orientation of the training analyst, who is now responsible to the patient but also to the faculty. So far as the countertransference feelings are concerned, the group responsibility frees the training analyst from realistic implications which had accentuated the differences between therapeutic and training analysis in the past.

There are other differences which complicate the integration of therapy into training procedures. The transference neurosis in training analysis is different from that in therapeutic analysis. The incognito of the training analyst does not exist. The candidate is not an individual out of anonymity, but lives in an environment and in a reality which is partly the environment and the reality of the training analyst himself. The doctor-patient, therefore, is invited to form a transference neurosis on a screen distorted by reality.

These differences are most marked in the beginning of the analysis, but persist throughout training. At the end of the training analysis the doctor-patient does not melt into anonymity as does the average patient. The candidate remains within sight of the analyst and within sight of the analyst's colleagues. He will become visible proof of work done or undone. His feelings and his behaviour under the eyes of the group and the teachers may influence the training analyst's reputation.

In the hope of remaining a pupil of the training analyst or of his substitute in the form of the psycho-analytic Institute or Society, a part of the transference neurosis will lead to

² Eissler, Kurt R. 'The Effect of the Structure of the Ego on Psychoanalytic Technique', *J. Am. Psychoanal. Assoc.*, Vol. I, No. 1, January, 1953, pp. 104-113.

'acting out' if not properly recognized and analysed. Much of the necessary frustration provoked by the termination of an analysis is reduced because of the student's hope of continued contact with the analyst. This makes it more difficult to work through this crucial terminal phase of the training analysis. The full emotional impact of the analytic experience, as Adelaide Johnson³ describes it, cannot be expected from a candidate who may hide his last-ditch resistance against separation from his analyst behind the hope that he and his analyst will remain colleagues, members of the same analytic group, and perhaps friends.

Some difficulties may be solved by making the training analysis a prerequisite for training instead of a part of it as it is now. Such 'preparatory analysis' would have the additional advantage of partially answering the unsolved problems of candidate selection. Probably a double screening before and after the preparatory analysis will be the method of choice for selection.

Preparatory or training analysis must necessarily remain incomplete, for it should be continued after the formal end of training in the process of self-analysis. This is done by all analysts devoted to their profession. With this in mind, it now sounds different when we hear, as we so often do, analysts say: 'My training analyst tried hard, but never succeeded. I had to do it myself after the analysis.' Underneath the ambivalent, hostile implication pointing to an unresolved, negative transference neurosis lies a kernel of truth.

Sigmund Freud encountered the typical resistance of the physician against psychology. His changing attitude is revealed in his autobiography,⁴ and particularly in the letters to his friend and 'analyst by correspondence', Wilhelm Fliess.⁵ Freud's way of overcoming these difficulties by self-analysis is not open to

the average psycho-analyst, but his experiences give us clues to effective training. Many of our difficulties in analytic training to-day can be met by a training analysis which avoids uniform rigidity and aims at a genuine analytic 'experience'. As Freud⁶ suggested later, such an experience terminates the formal phase of analytic training and introduces the interminable process of self-analysis for which the training analysis was an introduction and preparation. This then would give new meaning to the preferred term 'preparatory analysis'.

Freud's letters to his friend Wilhelm Fliess show that all the great discoveries of psychoanalysis were made during Freud's self-analysis. This is especially obvious in the letters written in August, 1897 (Nos. 67, 68 and 71) when Freud discovered the Oedipus complex in himself. In these letters Freud also reveals and describes the limitations of self-analysis.

Forty years later Freud discusses the problems of self-analysis again in his paper 'Analysis Terminable and Interminable'.⁷ 'We hope and believe that the stimuli received in the learner's own analysis will not cease to act upon him when that analysis ends, that the processes of ego transformation will go on of their own accord and that he will bring his new insight to bear upon all his subsequent experience.'

In the same paper Freud makes the frequently quoted statement: 'Every analyst ought periodically himself to enter analysis once more, at intervals of say five years, and without any feeling of shame in so doing. So not only the patient's analysis but that of the analyst himself has ceased to be a terminable and becomes an interminable task.'

We might attempt to combine the essence of Freud's thought with opinions expressed by Franz Alexander at the A.P.A. Congress, May, 1952, and the ideas stated by Erik Erikson⁸ in his book *Childhood and Society*. The aims of

³ Johnson, Adelaide. 'Transference and Countertransference Problems in the Working Through of the Late Oedipal Conflict.' Read at a meeting of the Society for Psychoanalytic Medicine of Southern California, 5 April, 1951.

⁴ Freud, Sigmund. *An Autobiographical Study*. Trans. Strachey. 1925.

See also: Freud, Sigmund. *Foreword to Psychoanalyse Yourself: A Practical Method of Self Analysis*, by E. Pickworth Farrow. International Universities Press, Inc., New York, 1942.

⁵ Freud, Sigmund. *Aus den Anfängen der Psychoanalyse: Briefe an Wilhelm Fliess, Abhandlungen und Notizen aus den Jahren 1887-1902*. Edited by Marie Bonaparte, Anna Freud, and Ernst Kris; with an

Introduction by Ernst Kris. London: Imago Publishing Co. Ltd., 1950.

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⁶ Freud, Sigmund. 'Analysis Terminable and Interminable.' *Coll. Papers*, 5, *Int. J. Psycho-Anal.*, 18, 1937.

⁷ Freud, Sigmund. *Coll. Papers*, 5, p. 352, 1937.

⁸ Erikson, Erik H. *Childhood and Society*. W. W. Norton, New York.

analytic training could then be restated in the following way:

The training analysis aims at an inner experience of 'ego-identity'. This experience takes place in the transference neurosis and is integrated with the help of the basic tool of psycho-analysis, which is *interpretation*. The analysis should free the individual's potentialities for further development. The term 'ego-identity' embraces not only the emotional experiences of one's self but also includes one's relationship to the environment.

The experience of ego-identity is not solely a conscious process. It must include the knowledge, the understanding, the insight, and the final integration of the unconscious or parts of it. It is the aim of training and therapy to establish an anxiety-free communication between the conscious part of the ego, the pre-conscious, and the unconscious.

Ego-identity is defined by Erik Erikson as an inner institution derived from the experience of increased social health after each of the major childhood crises. It should correct the emotional impact of major childhood crises and should teach lessons which were missed on previous occasions. The ego-identity can be studied (1) introspectively as a quality of experience expressing a sense of sameness and continuity in the individual's conception of what others perceive him to be; (2) in the individual's life history, as the objective evidence of an energy-releasing synthesis of the ego in the past life-situation; (3) 'projectively', in the individual's imagery, as it relates to ideal prototypes which can be realized, and undesirable ones which can be avoided.

According to Erikson, patients in the early phases of psycho-analysis suffer most from inhibitions which prevent them from being what they are and think they are. This is only partly true for our psycho-analytic students to-day. They suffer most from the uncertainties of their professional life and beliefs; they do not know whom they should follow. The answer does not lie in identification with the training analyst. The training analysis should not be a refuge from uncertainties and scientific doubts and all the discontinuities of human existence.

The solution is a new ego-identity, which is new in so far as it includes the entire person and not just his consciousness. It may be claimed that this is the goal of all education; it certainly agrees with the ideal of humanistic philosophy.

It is a combination of psycho-analysis and education which we should expect from training.

If this is so, we may find an answer to the question of ending the training analysis. *There is no end to training*. There should be only a transition from the terminable analysis with the training analyst to an interminable continuation of the analysis in form of the self-analysis.

Self-analysis does not take place solely within the candidate. It may take place between him and his patients. It may take place in other interpersonal relationships as, for instance, in his marriage. Even the former training analyst may again find a place in this lifelong process of working through; occasionally, the former candidate, by now a member of the analytic society or institute, may return to his former training analyst for something I call, for want of a better term, supervision of his self-analysis.

Part II. The Timing and Meaning of Classroom Teaching

Lecture courses and theoretical seminars have been considered as secondary in psycho-analytic training compared to preparatory analysis and supervision. To-day they are becoming even less important because many students receive a psycho-analytic indoctrination prior to their acceptance by an Institute.

Recently I interviewed a candidate who had prepared a list of over 300 lecture-hours concerning analytic subjects all taken during his medical-psychiatric study. He entered psycho-analytic training armed to the teeth with resistance.

After the preparatory analysis, the candidate will participate in clinical case seminars. Theoretical discussions should be kept to a minimum, and the best teaching for physicians is still done when centred around the presentation and discussion of cases and case material.

I try to demonstrate with my behaviour in the seminar the therapeutic relationship between the seminar leader, the presenting doctor, the group, and the patient under discussion. I try to show how to develop and to sustain the relationship which I consider the fundamental of psychiatry, of psychotherapy, and the basis of psycho-analysis. A psychiatrist and psychoanalyst finds himself in a more difficult situation for demonstrating his skill in public than a surgeon. Therefore, we must try to show the psychotherapeutic attitude not only in case

presentations but also in our actual behaviour as teachers.

I try to teach more than a therapeutic attitude. I try to demonstrate the understanding of the primary process and the language of symbols. I make it clear that this is not 'symbol analysis'. The symptoms from which a physician may diagnose measles are not symptoms which must be explained to the mother or the sick child. The understanding of these diagnostic signs, however, is of great importance for the physician. In a similar manner, the understanding of symbols and of subliminal cues helps the therapist to understand the patient regardless of eventual interpretation. It is better that this understanding of symbols should again become preconscious to the therapist. Only then can it be used with ease and spontaneity as an instrument of empathy, so closely related to intuition.⁹ If it has been made conscious once, it can be easily activated again and perceived with that surprise which is so important in psychotherapeutic work. Such seminars become an analytic exercise in the anxiety-free communication with one's own preconscious (Hanns Sachs.¹⁰).

Teaching the analytic understanding of the primary process is not done by words alone. Pictures, for example, may be used. I have found that advertisements in our magazines with their obvious symbolism and often crude, primitive, regressive appeal are well fitted for demonstrations. I sometimes use an advertisement from a fashion magazine to talk about the psychology of woman. At another time, I may show the paintings of Hieronymus Bosch. I mention movies frequently because they are reminiscent of a dream which we see together on the screen, associate to it, and possibly gain some analytic insight into an experience which was common or at least visible to all of us simultaneously.

Experience has not yet shown us the best timing and the inner relationship between a

candidate's analysis and his participation in classroom teaching. Pre-analytic indoctrination gives the student a powerful defence weapon. He may use it to defeat the attempts of his training analyst to lead the candidate into the necessary depth of an analytic therapeutic experience.

In future analytic training, it probably would be best to place analytic classroom teaching at the end of the preparatory psycho-analysis. The didactic analysis will become a fractionalized analysis. The second part will be conducted simultaneously with supervision.

Work with students gives the instructor one great advantage. He has a chance to compare junior students with senior students, and perhaps with a group of psychiatric residents who have not started personal analysis or any form of analytic training. He will realize a fact which is not and should not be self-evident. It is quite gratifying to see that candidates can learn, that psycho-analysis may be taught efficiently, and that children do sometimes grow up and become men. During the slow progress of the didactic analysis, such changes may go unnoticed.

Part III. The Importance and Specificity of Analytic Supervision.

In 1937 Edward Bibring¹¹ published one of the few papers about 'Methods and Technique of Control Analysis'. According to Bibring, supervision aims at the avoidance of beginners' mistakes. Supervision should not be used to analyse the candidate. Whatever the training analyst has to say should be given in the form of advice, not as a personal interpretation and not as an order.

In the same year (1937) Karl Landauer¹² reported his experiences. The candidate's hostility towards the supervisor should be answered by self-sacrifice on the part of the control analyst. The supervisor should func-

⁹ For a more detailed description of such experience and experiment with analytic classroom teaching, see: Reik, Theodor. *Listening with the Third Ear, The Inner Experience of a Psychoanalyst.* (New York: Farrar Strauss, 1948.)

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¹⁰ Sachs, Hanns. 'Observations of a Training Analyst.' *Psychoanal. Quart.*, 16, pp. 157-168, 1947.

¹¹ Bibring, Edward. 'Report of Four Countries Conference, I.T.C. Methods and Technique of Control Analysis', *Int. J. Psychoanal.*, 18, 1937.

¹² Landauer, Karl. *Methode und Technik der Kontrollanalyse.* Four Countries Conference of the Int. P. A. Assn., Budapest, 1937.

tion as an elder brother and colleague, and he should allow the younger colleague to participate in his own more experienced technique. One more important function of supervision in the guidance of the younger doctor in the direction of continued self-analysis.

One of the most interesting, thoughtful and penetrating contributions to the science of psycho-analytic training was, published by Michael Balint¹³ (1948).

Balint quotes the regulations of the London Standing Rules Committee (1947): "The analyst undertaking the student's personal analysis does not undertake the supervision of his cases." So far as we know, this statement is not the result of carefully planned and controlled observation: it sounds to me like yet another dogmatic compulsory ruling. Indeed, many rules and regulations in analytic history were made under the pressure of time and then have been taken over without proper scientific doubt; they have not always been tested and retested.

Supervision, according to Balint, can be easily used for the purpose of indoctrination. The candidate's best defences are his free associations while on the couch. They do not help him when he faces a determined supervisor who represents his views and convictions with an unchecked authority if he chooses to do so.

In a recent paper Lionel Blitzsten and Joan Fleming¹⁴ advocate a new procedure. The supervisor should, as it were, supervise not only the candidate but the training analyst as well. The supervising analyst is supposed to inform the training analyst about the candidate's mistakes, blind spots, unresolved fixations, or countertransference difficulties. The supervisor should offer his interpretations to the training analyst who then takes them back into the training analysis of the candidate. Blitzsten and Fleming do not discuss the possibility of the student's witnessing this communication between the two analysts which I consider a necessary safeguard against the complex transference and countertransference situation in analytic training. The possible resistance of the training analyst to supervision must also be considered.

Of general interest is the technique of col-

lective supervision and evaluation as it is handled in the Chicago Institute. The student's blind spots, his difficulties, their unconscious meaning, are discussed in the Faculty meeting in the presence of the training analyst who, as a rule, remains a silent listener. In a personal communication, Franz Alexander¹⁵ stated: 'Training in Institutes is a co-ordinated collective enterprise and not a loosely juxtaposed series of procedures as it was in the old, pre-Institute days.' In Alexander's opinion, development of the Institute goes from the 'unorganized apprentice system to loosely organized Institute training to a well-planned, co-ordinated Institute training in which the whole faculty works as a unit'.

The first problem of psycho-analytic supervision is to decide when the student should start supervised work. Theoretically this question is easily answered. The candidate is ready to start supervised work when he has learned how to activate the unconscious of his patients with due understanding of transference and resistance and without reacting himself with undue anxiety or unrecognized feelings of countertransference; and when he has learned how to use interpretation as an essential tool of psycho-analytic technique.

The timing of supervision offers practical difficulties. It is my experience that the dangers of an early start of supervised work are overestimated and are not founded on clinical observation. To-day most students are residents in psychiatric hospitals and treat psychiatric patients with psychotherapy before they begin the supervision of analytic work. The transition from this psychotherapeutic work to psycho-analytic treatment is gradual. The student recognizes when his patients or some of his patients are 'in analysis'. The doctor's medical conscience will guide him into analytic work if he feels free and treats his patients according to the best of his knowledge. It is the serious-minded and sincere candidate who feels the obligation to use what he has learned from his own analysis in the treatment of his patients.

The training analyst feels that he owes it to his medical conscience to safeguard the patient in treatment with his candidate against misuses and avoidable mistakes of analytic technique.

¹³ Balint, Michael. 'On the Psycho-Analytic Training System', *Int. J. Psycho-Anal.*, 39, 1948.

¹⁴ Blitzsten, N. Lionel and Fleming, Joan. 'What is a "Supervisory Analysis"?' *Bulletin of the Menninger*

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¹⁵ Alexander, Franz. Personal communication, 18 August, 1952. Chicago, Ill.

If the candidate begins to make mistakes with his patients, his training analyst will be tempted to step out of his analytic rôle and interfere with his patient's outside activities. Occasionally I have recommended that the candidate begin his supervised work in order to delegate this policing function to a colleague. Perhaps such work should be called 'consultation', and the term 'supervision' should be reserved exclusively for supervision of psycho-analysis conducted by the candidate.

At the start of supervision, I do not encourage the candidates to wait until they find a suitable case for analytic work. I assume that they want to start with a discussion of their entire work, not of one case. I prefer to discuss many of their cases before we settle down for the supervised analytic work of one case. During this process, many things can be learned about the qualities and limitations of the candidate.

The search for a 'patient fit for analytic therapy' is frequently a sign of resistance to beginning supervised work. The assumption that there are patients especially easy and well-fitted for supervised work, nourishes a tendency in the therapist to suit the patient to therapy, and not to suit the therapy to the patient.

An investigation conducted by Heinz Hartmann¹⁶ showed that the patients chosen for analysis by the candidates themselves and taken from their own practice have a better prognosis and are more frequently carried through to completion than assigned cases. This gives a hint that the candidate may be the best judge in the selection of his cases for supervision.

Supervision may be divided into three parts which frequently overlap:

First: the period of preparation. This is the time in which the doctor and supervisor get acquainted with each other, and in which the supervisor gets an impression of the entire patient load of the beginning analyst. The main aim is to avoid the typical mistakes of the beginner.

Second: the period of deepening insight into the dynamics of psycho-analytic treatment. Mistakes are analysed, blind spots are investigated, technical rules of interpretations, concepts of transference and resistance are explained in the actual setting of the treatment.

Third: the period of working through with the patient. The psychodynamics of the patient's

personality, the technical and emotional aspects of the therapeutic experience are discussed and worked out comprehensively.

I frequently use one hour, during the first weeks of supervision in order to visit the colleague in his office. His report to me gains new meaning when I can visualize his field of operation.

During the second part of analytic supervision—a period of growing insight into the psychodynamics of the patient's personality and his sickness—the candidate should develop a way of reporting that is free from anxiety and written notes. The unconscious is still the best known recording device. When the candidate reaches this anxiety-free method of communication about his patients, he hardly needs any more supervision. As a rule, this is an approximate goal and perhaps a certain self-doubting and questioning attitude may help the candidate from changing into anxiety-free but still resistive behaviour as, for instance, in smug, verbose, intellectual self-contentment.

Control work should not be used as a competition between the supervisor and the training analyst. By discussing his patients with the supervising analyst, the candidate can integrate many interpretations which have direct bearing on his own character neurosis. Sometimes it is possible that the candidate, caught with his defences down, may accept interpretations given in relation to his behaviour towards the patient which have been given to him many times in his own analysis without result. His differently structured transference resistance in the supervised situation may enable him to integrate this insight and then make another step towards working it through in his own analysis. I avoid telling the candidate directly: 'This is a blind spot of yours; this you have to take up in your analysis.' I have found too often that such advice is ineffective. It is usually warded off by resistance. If I have the feeling during supervisory work that we begin to tread on ground which is better reserved for the candidate's training analyst, I try to activate the hidden emotions in a way that makes me expect the probability that the candidate will bring this emotional experience into his analysis. In other words, problems of countertransference must be raised during the supervision, but as a rule cannot be settled there. The candidate should be considered a colleague

¹⁶ Hartmann, Heinz. *Bulletin of the A.P.A.*, Sept., 1951, p. 204.

who is in the process of becoming an analyst, and not as a patient in analysis who is acting out.

One more word about the provision that the training psycho-analyst should not supervise the first two cases of his analysands. It is advisable to follow this rule. There are great and definite advantages in controlling at least one additional case with one's own training analyst during the late stages of psycho-analytic training.

The student analyst learns a great deal when he turns from analytic introspection to working with patients. He will recognize his own old problems in a new light. With his analyst, he may make use of such insight. The training analyst, now more distant from the student, may recognize certain blind spots and reaction patterns of his analysand more clearly than he did during the regular course of analytic treatment. He may also talk to his analysand in an atmosphere relatively free from the usual forms of resistance. Finally, the training analyst may utilize information he received from other analysts at meetings of the educational committee or faculty. He may also have gathered some observations concerning the candidate outside the therapeutic situation which he may now feel free to use. The process of working through may then take on a more realistic turn but under favourable circumstances will be quite effective.

Concluding Remarks

The relation between psycho-analytic therapy and psycho-analytic training changes during the three different and separate phases of psycho-analytic training. These three periods are:

(1) The 'Preparatory Analysis', which actually takes place before the candidate enters the Institute. It should approximate a therapeutic analysis and should be considered a prerequisite for psycho-analytic training.

(2) The 'period of working through' the impact of having entered the Institute, having been exposed to seminars, lectures, the group of teachers and students, and beginning analytic work with patients. This second part of the candidate's psycho-analysis would remain a part of training, and would be conducted simultaneously.

(3) The period which perhaps could be called a period of 'living through', a period of transition from the formal training to independent analytic study, from the terminable to the interminable phase of analysis. In the first period, the transference should approximate the transference neurosis of psycho-analytic therapy; in the second period the transference situation is changed when the candidate enters the Institute. During the third part of psycho-analysis the transference neurosis should have been analytically resolved. This period should lead to the final integration of therapy into training.

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GROUP-ANALYTIC OBSERVATION AS INDICATOR FOR PSYCHO-ANALYTIC TREATMENT¹

By S. H. FOULKES, LONDON

Before we can decide on the appropriate use of a method, we should have a clear idea of its mode of operation. An investigation into the essential factors which operate in psycho-analytic treatment was the theme of a symposium at the Marienbåd Congress in 1936. The views presented then were divergent ones, even in respect of some elementary principles. In the intervening years matters have become more complex. No longer can we assume with any degree of certainty that any two psycho-analysts share their ideas of the basic characteristics of the situation in which they operate—the psycho-analytic situation—of the rôle they are playing in this process, or the precise nature of their technical interventions. Even basic concepts such as transference or counter-transference vary widely in their connotation. Psycho-analysts differ greatly in the importance they attach to interpretations, and the nature and significance they ascribe to them. Whether all this is a good or a bad sign, it is certain that it does not bring us nearer to a scientific approach, so that we cannot easily refute investigations from other quarters claiming to show that differences which may be found in their results are not due to the therapists' adherence to any particular school (Freudian, Jungian, etc.), but rather to the personality and the experience of the therapist concerned. Under these circumstances we cannot wonder that so little is known about the more precise indication position for psycho-analytic treatment.

The question, which factors are *specific* for psycho-analytic therapy, singly or in composition, and for what persons and conditions psycho-analytic treatment is the method of choice has long exercised my mind, both for its theoretical and practical importance. For the purpose of this communication I shall proceed on the basis of my conviction that psycho-analytic treatment has a specific function,

that the operative factors can be identified, that they act in a characteristic combination which varies from case to case and phase to phase, and that their temporal sequence is of significance. I shall furthermore use terms such as transference in their specific classical meaning and not follow a tendency towards their expansion and inflation which renders these terms almost meaningless.

The psycho-analyst is not well placed to compare his own method with that of others in its efficiency. To form an opinion on a point such as this a comparative basis of observation is necessary. During the last fifteen years or so I have been able to establish a field for such comparative observations. I have been particularly helped in this respect by my experiences with small groups of patients. These are conducted on the basis of specific principles which I have called 'group-analytic' to make clear that they are not, in themselves, psycho-analytic (1).

One of the features of such a group is that the dynamic interplay of pathogenic and therapeutic mechanisms takes place in a process of interaction in which we partake and which we witness. Here is displayed for us, at one and the same time, the differential reaction of individuals to the same common stimulus of material and situation. Thus, I have learnt afresh, in a new light, to appreciate the differences between a transference relationship and other relationships, between a transference neurosis and other neurotic disturbances, a difference which Freud discovered so long ago. It is true that our ideas about so-called actual neuroses and psychotic, narcissistic disturbances have developed much since the early days. This is particularly true in the light of the new knowledge of the ego, of the importance of object-relationships, inner and outer, of the body-image.

All this reflects in the group-analytic setting.

¹ Paper read at the 18th International Psycho-Analytical Congress at London on 20 July, 1953.

Disturbances which involve the genetic structure of the ego itself, as for instance character problems or narcissistic formations, on the whole respond well to group-analysis. The group situation on the other hand shows that and why, by preference, transference neuroses should be treated by individual psycho-analysis. Group-analysis demonstrates in action the meaning of a transference neurosis, its regressive nature, its oedipal significance, its compelling character, as a consequence of which the patient tends to demand the therapeutic re-establishment of a situation as close as possible to the original family constellation.

If I state that the essence of psycho-analytic therapy is a genetic revision of the patient's infantile neurosis, and that its main instrument is the working through of the patient's latest edition of his neurosis in the transference situation—the transference neurosis—I am not likely to be refuted by any psycho-analyst. This is exactly what such patients' behaviour in a group calls for, implicitly or explicitly.

The opinion which I have expressed from the first, that the group situation is not the situation of choice for the working through of the individual transference situation, has been confirmed by practical observations. I will now illustrate this by one case which shows the relevant points clearly enough. I have, moreover, chosen this case because we have a triple observation by three independent observers.

The patient was first treated in a group situation, participating in two therapeutic groups with the same conductor (Dr. A), and afterwards had individual treatment on psycho-analytical lines, carried out by a psycho-analyst (Dr. B). I myself saw this patient only once, in consultation, but I had access to the material as seen through the eyes of both the therapists concerned.

The temporal sequence of events was that the patient had had group treatment when she saw me, and started her individual treatment after seeing me. But in presentation I shall to some extent neglect this temporal, historical account in favour of a stereoscopic view.

The patient, a married woman of 39, was sent to me by an experienced group psycho-therapist (Dr. A) with the special request to arrange for individual treatment for her. He reports: she attended sixty sessions over a period of eighteen months in one group. At first she had been co-operative and active, but became resistant later on. After a group dis-

cussion of incestuous problems she developed more acute panic states. After the end of this course she had three months at home, when it became evident that she needed further treatment. She joined another group, again mixed in sex, and with the same therapist; but soon, after four months, she discontinued because this group had too upsetting an effect on her. She asked to be taken on individually.

When she came to see me she said that she felt worse in that impulses to harm (strangle) her son, aged seven, were now troubling her even in the son's absence. Her present complaints began after the birth of this child, and she believed them to be due to weakness caused by his birth. She herself was born as the third of eight children, and her twin died at birth.

Her present symptoms began with irritability, fear of fainting, insomnia, back pains, indifference to sexual intercourse, and fears of crowds which, by the way, she had since childhood. During treatment she developed obsessional interest in cleaning her son's genital and anal region. Her fear of going out alone had also increased.

Her husband stated that at the time of their marriage, seventeen years previously, she had had fears of bus rides, of heights, and of collapse.

As to group treatment, her own account is this: the first group helped her a great deal during the first nine to twelve months. The group consisted of four men and four women. After eighteen months the group ended and she began to feel worse again. The second group, in which she participated for four months, consisted of five men and five women: 'It felt like a crowd.' This remark is relevant in view of her fears of crowds. She could get no help from this group, nor give any. There were, in particular, two men in this group in front of whom she felt very small. This is repeated later on with Dr. B, the individual therapist, when she felt very small in front of him. This was the expression of an identification of herself with her own son, who in turn is identified with her own father. At the same period of time when she asked for personal interview her son also had to have private lessons because he was backward at school.

One of the two men in the group for whom she felt great sympathy was lame from infantile paralysis. The other, who was quite young, about thirty, had, 'it is ridiculous to say', some attraction for her which made her feel very

uncomfortable. The patient was not at this stage conscious of any connexion in this with two rather remarkable facts: first, that her own son also had suffered from infantile paralysis, and secondly that her husband had an accident after five months of marriage, so that he was thought to be dying, was paralysed, and is still more or less lame on one foot.

She stated that she had not told the group therapist these facts at the time.² Later on, in individual treatment, she added that she had once or twice walked home with this young man and that it was this circumstance which made her want to leave the group. It is relevant that walking here stands for having intercourse, with her son that is. This was also expressed in an individual transference dream in relation to her therapist in which she was walking with him alongside tennis courts. It is important to note that she made an incestuous transference to a man in the group. She acted out her incestuous wishes, symbolically in the case of the young man in the group by feeling attracted to him and walking with him, and concretely in the increased interest in the genital and anal region of her actual son. At the same time she developed increased panics in relation to compulsive ideas of doing harm to her son.

The group therapist noted that her getting more panicky was in relation to incestuous problems having been touched upon in the group.

We will now further supplement our information by some observations which Dr. B made. He saw the patient once weekly, from August, 1952 to the end of March, 1953, a total of thirty-one sessions. He states: 'At first she tried to make me into the ideal father; however, she simultaneously became physically attracted to me and split off the father component by developing a correspondence course with a faith healer. This was all interpreted to her. Gradually I then became the cruel, rejecting father, and finally the father to whom she is very ambivalent, but trying hard to maintain a kind relationship.'

In the course of treatment her feelings about her son became clearer. They included (1) aggression towards him, because he is responsible for her grey hairs, taking away her youth and sexual attractiveness, and because he stands for her hated younger brother. (2) Her guilt towards him because she had him for the

wrong reasons, namely to mend her broken marriage; because he was born as the result of sexual intercourse and is therefore dirty; and because she has made him into a love object on whom she works out her conflict with her own father.

Now from the information given here in very condensed form we can reconstruct sufficiently clearly for our purpose the particular transference situation at the time when she left the second group. The therapist, Dr. A, is a rejecting and punishing father; the two men are split incestuous images (husband, son: father, brother), and objects of her acting out incestuous impulses. The maimed man represents at the same time her husband and her son, as he has been harmed and castrated by her. The young man represents the sexually attractive aspect of her son. She flees from the situation and asks for individual treatment. In the same way she acts out later with the faith healer *versus* the analyst. At the same time she identifies with her son, and parallel with him, asks for individual 'private lessons'. It is clear that the Oedipus situation has here become activated, in particular that the incest theme is active and represented in the two versions which I have described.

The group therapist, interestingly enough, acted exactly in the rôle of the patient's phantasy, namely as a reprimanding father. He saw her at this time in an individual interview and told her particularly to bring these facts and complaints forth in the group situation. Thus a patient may contrive to make the therapist act in a certain rôle, the deeper meaning of which is unconscious to both.

When making my observations on this particular case I was already familiar with this type of occurrence. The regression from the actual conflict to the infantile conflict can here be seen inside the group. It is a way of preserving her neurotic conflict from the impact of the group, a defensive move. Such patients cannot share the therapist with the group. They run away from a significant person. It is particularly transference neuroses who show this in a group-analytic situation, but not all of them do so. If and when they do there is a clear indication for an individual and, if possible, an individual psycho-analytic situation. For this indication to be recognized it is however necessary to differentiate between a trans-

² According to Dr. A's notes these matters were actually discussed in the group.

ference relationship and other relationships. Observation in a group demonstrates this difference for all to see.

We know of course that psycho-analysis is indicated in the case of a transference neurosis. What is new is that we can arrive at the same conclusion from group-analytic observation which, moreover, adds those essential dynamic characteristics which determine our indication in the individual case.

This particular example was chosen just because it is non-controversial. But it may strengthen our trust in more surprising indications which might and indeed do appear to emerge.

Observations such as this also add precision to the assessment of quantitative and qualitative factors. This is important for practical reasons. But even more important is the gain for the theoretical understanding of their essential significance. *Vice versa*, these observations throw into relief what characteristics of the psycho-analytic situation do make it a method of choice for the analysis of a transference neurosis. Here belong such features as the analyst's benevolent neutrality and non-interfering attitude, and the relative detachment of his personal life and values, and many traditional arrangements of the psycho-analytic technique which are sometimes not fully appreciated in their deeper significance.

In the *New Introductory Lectures* Freud (2) repeats his old indications, unmitigatedly: 'You know already', he says, 'that the field in which analytical therapy can be applied is that of the transference-neuroses, phobias, hysterias, obsessional neuroses and, besides these, such abnormalities of character as have been developed instead of these diseases. Everything other than these, such as narcissistic or psychotic conditions, is more or less unsuitable.'³

As I have already mentioned, it appears likely that group-analytic psychotherapy will prove itself a particular valuable tool for the treatment and study of these very diseases which Freud here designates as less suitable or unsuitable for psycho-analytic treatment.

Now Freud, at the same place, mentions the test for witch-finding according to Victor Hugo: a Scottish king declared that he had an infallible method for detecting witches. He put them to simmer in a cauldron of boiling water and then tasted the soup. According to the taste he could say 'that was a witch' or 'that was not a witch'. As you know, this story is taken by Freud as a simile to illustrate the mode of selection for psycho-analytic treatment. It is certainly desirable—and perhaps possible—to progress from this 'witches' test' to a more scientific way of approaching this important problem.

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(2) FREUD SIGMUND. *New Introductory Lectures*.

³ This statement of Freud shows that in speaking of analytical therapy he has in mind the classical situation which is in accordance with my usage in this paper. In my own experience other neurotic conditions—those then summarily called actual neuroses—as well as states of depersonalization, certain psychotic conditions, and so-called psychosomatic conditions do respond to psycho-analytic treatment: frequently even better than

the classical 'transference neuroses'. But, significantly, the situation, technique and the therapist's rôle deviate more or less from classical ones. The point of importance in this context is that the psychopathology of the conditions just mentioned is different from that of the transference neuroses, and so is their response to psycho-analytic treatment proper and group-analytic treatment respectively.

106th BULLETIN OF THE INTERNATIONAL PSYCHO-ANALYTICAL ASSOCIATION

EDITED BY
RUTH S. EISSLER, M.D., GENERAL SECRETARY

REPORT ON THE EIGHTEENTH INTERNATIONAL PSYCHO-ANALYTICAL CONGRESS

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The Eighteenth International Psycho-Analytical Congress was held in London at Bedford College, from Sunday, 26 July to Thursday, 30 July, 1953. On Sunday evening the Congress members and guests were entertained by the British Psycho-Analytical Society at a Reception held at Bedford College, Regent's Park. Monday evening an official reception was held by the London County Council at County Hall. On Wednesday evening the Congress Dinner took place at the Savoy Hotel.

Excursions were planned for each day for those who were not busy with Congress meetings. On Tuesday afternoon there was a boat trip to Greenwich, and on Wednesday afternoon a visit to Luton Hoo. Two trips were scheduled for Thursday, 30 July: an all-day trip to Stoke Poges, Maidenhead, Windsor, Runnymede and Hampton Court; and an afternoon tour to the East End of London, visiting a new Housing Estate, two of London's new schools, and the East London Child Guidance Clinic. After the Congress, on Friday, 31 July, a visit to the Tavistock Clinic was organized.

Members of the Central Executive present at the Congress were: Dr. Ernest Jones, Honorary Presi-

dent; Dr. Heinz Hartmann, President; Princess Marie Bonaparte, Vice-President; Miss Anna Freud, Vice-President; Dr. Jeanne Lampl-de Groot, Vice-President; Dr. Maxwell Gitelson, Honorary Treasurer; and Dr. Ruth S. Eissler, Honorary Secretary.

In all, 575 persons attended the Congress, of whom 220 were members, 80 associate members, 143 students, and 132 guests. The proceedings were as follows:

Monday, 27 July, 9.15 a.m.

Opening Address by the President, Dr. Heinz Hartmann

'Ladies and Gentlemen:

I call to order, officially, the Eighteenth Congress of the International Psycho-Analytical Association.

My thoughts turn first to our hosts, to England and to the British Psycho-Analytical Society. This Society has given to analysis so many and so much —so many analysts of the highest rank and so much in fundamental contributions. Through her great thinkers, this country had a deep influence on the

formation of Freud's ideas; it stood second to none in his admiration. And as we convene here, not one of us is likely to forget that when Freud's homeland became chaotic and extreme danger threatened, it was Britain which provided him with a refuge, and provided him with a free and friendly atmosphere as well.

'For this we are directly indebted to Dr. Ernest Jones. For many years, through a period fraught with difficulties, he was entrusted with the leadership of the I.P.A. We are proud to have him with us now, as our permanent adviser and Honorary President.

'In the many years since its founding, the International Psycho-Analytical Association has been active in assisting analysis, in formulating its needs and directing its growth. In the favourable environment shaped by this Association, analysis has grown and propagated as a living thing does. It has been evident that rather different conditions have obtained in the many countries and on the various continents where analysis has developed. In dealing with the variations that ensued, a considerable degree of unity in purpose and achievement could, none the less, be secured. Of course, this integration could not have been effected if we had not shared a common heritage: the clinical, theoretical, and technical principles of Freud's work.

'It has been said that analysis has come of age. It has not, however, outgrown its pioneering stage. There are still analysts—working in splendid isolation or in small groups—who carry the heavy burden of creating a place for analytic thinking and therapy in an environment of minimal insight and maximal prejudice, often an environment of hostility. We gratefully acknowledge that there have been at all times, among analysts, men and women who have risen to the occasion.

'Most analysts, it is true, live to-day in changed circumstances. But even in a world which takes many aspects of analysis for granted, the pioneering rôle of the analyst, particularly of the teacher of analysis and the research worker, has not been superseded. The present-day analyst meets specific difficulties of a different nature—but difficulties have not vanished.

'It is obvious that, in a considerable number of countries, the prevailing attitudes towards analysis have changed. Not that the basic defences and resistances of men have been modified (culturalism most certainly errs by overrating this aspect), but analysis as a therapy has been recognized by the neighbouring professions: relations to other disciplines are growing, both extensively and intensively. This makes for a large-scale use of analytic findings and analytic insight in these other disciplines—uses both practical and theoretical. And, sociologically, this makes for less distance between the analyst and members of other professions: psycho-analysis as a profession has ceased to be a personal

hazard. The possibilities of interdisciplinary research, together with the stabilization of teaching and learning, can, I think, be put down as brightening the prospects for the development of analysis.

'On the other hand, we should scarcely be surprised to find a corresponding change of attitude in the analyst's conception of his rôle in society. In many centres of analytic training, we find to-day that a number of the men and women who turn to analysis as a profession differ in personality type and in motivation from their predecessors. In the "heroic" age of analysis, becoming an analyst was an adventure of the spirit; it was adventurous also because of the uncertainties of social and economic status, as well as the spiritual isolation, that were the analyst's lot. During the first two generations of psycho-analysts, choosing this profession was a conclusive and emotionally charged decision. This is a difficult decision for some of our students to-day, but it is certainly not a perplexing decision for all, or even very many, of them. There are those who choose analysis as a medical speciality only. Their emphasis is on the acquisition of a technical skill rather than the embracing of a discipline, in the broader sense of the pattern set by Freud. But while the separation of technology from basic science may be possible—even expedient—in some medical specialities, there is something in our field which makes such a separation sterilizing if it is radically pursued. A wise training policy will consider it a paramount endeavour to counteract this special trend. Moreover, such a policy is often successful, though we are aware, of course, that some of the historical factors which promote this trend are beyond our control.

'For a good many people, the line of demarcation between what is analysis and what is not has become blurred. It is most important, and also fairly easy, to draw the line in matters of technique. It is difficult, even impossible (and also not always relevant), to draw it in "applied" analysis, especially in the many interdisciplinary efforts we witness. That this question can arise, that such far-reaching, differentiated, and professionally specialized, though neighbourly, relations have developed: all this is no doubt, in itself, a characteristic feature of the situation in psycho-analysis to-day. It is a relevant and, I should think, a promising feature. I mention it here because it is related to what one may roughly designate "specialization" in analysis. This process of specialization seems natural enough; it is familiar to us in child analysis, in analysis of psychoses, and so forth. It becomes questionable only if the contiguity with the main body of analytic thinking is lost. (We learn from the biologists that there is specialization which is an essential aspect of progress, and also specialization which leads into "blind alleys").

'As to specialization in research: I should like to emphasize the considerable degree of coherence

we find in the analytic propositions. Some of these propositions will seem more relevant than others to a special field of application. But, from the point of view of method, it is unwarranted to choose, from the many interrelated concepts we use in analysis, only a few, and to make these few concepts the basis of allegedly new theories—as has often been the case. Freud anticipated that in therapy one might be compelled, for certain purposes, “to alloy the pure gold of analysis plentifully with the copper” of other methods of psychotherapy. But the case of theory would seem to be substantially different. A borrowing of certain concepts (and, of course, the exchange of data) may well prove fruitful; but the mixing of heterogeneous conceptual structures can scarcely ever prove useful.

Around the core of analysis, then, there have developed any number of doctrines which owe more or less of their substance to analysis—doctrines which, failing to realize the inner coherence of analysis, reject what are necessary implications of the core concepts. Some of these trends have led to organizations and training institutions outside the I.P.A. That is to say, side by side with the unification or integration of which I spoke before, there have been movements in the opposite direction, towards discord and segregation. (The nature of analysis and the nature of man being what they are, this was to be expected.) But because of this state of affairs, there has been much talk, and much writing, about the “crisis” of analysis in our time. However, we must not forget that the history of analysis since its inception abounds in “crises” of this kind. As in the history of the individual, for every one of the developmental stages there is a corresponding typical conflict—though I would certainly be the last to forget that there is also a conflict-free sphere. I think we understand the reasons for these conflicts better than anyone else could. We have learned from them, and may even say—particularly if we consider the very special relation of research to training in our field—that separation might sometimes have been the best solution.

Obviously, I do not mean to say that analysis represents, or should represent, a closed system of theory (there is no such thing) or of technical rules. It is, of course, open to and capable of development. But changes have to be made with the whole in mind. Random combinations and arbitrary modifications which disregard basic data or basic theoretical structure and its implications abandon more than a part: they abandon the whole.

We realize that there is no lack of scientific disagreement among members of the I.P.A. We cannot imagine a healthy development without it. What does matter is the threshold of compatibility; and we are happy to know that the overwhelming majority of analysts are working together in this organization, well within the limits set by that threshold.

‘It is now my pleasant duty to welcome all of you to this Congress. And may I take this occasion to extend our thanks to all those who have, under the leadership of Dr. Phyllis Greenacre and Dr. Ernst Kris, worked hard and efficiently in organizing our scientific programme and, under the leadership of Dr. Michael Balint, in taking care of the hundreds of local arrangements necessary to make a Congress such as this one a success.’

1st Scientific Meeting

Monday, 27 July, 12.15 p.m. Chairman: Dr. William Gillespie, London.

Dr. Heinz Hartmann, President, New York: Opening Address.

Dr. Ernest Jones, London: ‘Freud’s Early Travels.’

Dr. Erwin Stengel, London: ‘A Re-evaluation of Freud’s Aphasia.’

Dr. Gregory Zilboorg, New York: ‘Freud’s Fundamental Psychiatric Orientation.’

Dr. Edward Glover, London: ‘Therapeutic Criteria of Psycho-Analysis.’

2nd Scientific Meeting

Monday, 27 July, 2.30 p.m. Chairman: Dr. Nils Haak, Stockholm.

Dr. Edith Jacobson, New York: ‘On Psychotic Identification.’

Marie Bonaparte, Paris: ‘Orpheus’ Fault Reversed.’

Dr. Robert Waelder, Philadelphia: ‘The Problem of Neurotic Anxiety.’

Dr. Karl Menninger, Topeka: ‘Regulatory Devices of the Ego Under Stress.’

Anna Freud, London: ‘About Losing and Being Lost.’

3rd Scientific Meeting

Tuesday, 28 July, 9.15 a.m. Chairman: Marie Bonaparte, Paris.

Symposium: ‘The Psychology of Schizophrenia.’
Dr. W. R. Bion, London: ‘Notes on the Theory of Schizophrenia.’

Dr. Maurits Katan, Cleveland: ‘The Importance of the Non-Psychotic Part of the Personality in Schizophrenia’ (in the absence of Dr. Katan the paper was read by Dr. Ralph R. Greenson, Los Angeles).

Dr. Heinz Hartmann, New York: ‘Contribution to the Metapsychology of Schizophrenia.’

Dr. Robert C. Bak, New York: ‘Some Structural and Functional Changes of the Ego in Schizophrenia.’

Participants in the discussion were, among others, Melanie Klein, Ernst Kris, and Rudolph M. Loewenstein.

4th Scientific Meeting

Tuesday, 28 July, 2.30 p.m.

Section I. Chairman: Dr. Karl Menninger, Topeka.

Symposium: 'Therapy of Schizophrenia.'

Dr. Herbert Rosenfeld, London: 'Considerations Regarding the Psycho-Analytic Approach to Acute and Chronic Schizophrenia.'

Dr. K. R. Eissler, New York: 'Notes on Defect of Ego Structure in Schizophrenia and Some Technical Implications.'

Dr. Gustav Bychowski, New York: 'On the Handling of Some Schizophrenic Defence Mechanisms.'

Discussion opened by Dr. H. G. van der Waals and continued from the floor.

Section II. Chairman: Dr. P. J. van der Leeuw, Amsterdam

Symposium: 'Problems of Psycho-Analytic Training.'

Dr. Michael Balint, London: 'Analytic Training and Training Analysis.'

Dr. Paula Heimann, London: 'Problems of Psycho-Analytic Training.'

Dr. Grete L. Bibring, Boston: 'The Training Analysis—Its Place in Psycho-Analytic Training' (in the absence of Dr. Bibring, the paper was read by Miss Anna Freud, London).

Dr. Maxwell Gitelson, Chicago: 'Therapeutic Problems in the Analysis of the "Normal" Candidate.'

Discussion opened by Dr. Jeanne Lampl-de Groot, and continued from the floor.

5th Scientific Meeting

Wednesday, 29 July, 9.15 a.m.

Section I. Chairman: Anna Freud, London.

Symposium: 'Mechanisms of Defence and their Place in Psycho-Analytic Technique.'

Dr. Rudolph M. Loewenstein, New York: 'Some Remarks on Defences, Autonomous Ego and Psycho-Analytic Technique.'

Dr. Sylvia Payne, London: 'Concerning Defences Originating in Pre-genital Phases of Libidinal Development.'

Dr. Willi Hoffer, London: 'Defensive Process and Defensive Organization; their Place in Psycho-Analytic Technique.'

Discussion opened by Dr. Raymond de Saussure, and continued from the floor.

Section II. Chairman: Dr. Maxwell Gitelson, Chicago.

Dr. Rene Spitz, New York: 'The Rôle of Aggression in Establishing Object Relations.'

Dr. Lois Munro, London: 'Steps in Ego-Integration Observed in Play Analysis.'

Dr. Werner Kemper, Rio de Janeiro: 'Grundsätzliches zum Phänomen der Gegenübertragung.'

Dr. Margaret Fries, New York: 'Some Hypotheses on the Rôle of the Congenital Activity Type in Personality Development.'

Lili Peller, New York: 'The Concept of Play and Ego Development.'

Section III. Chairman: Dr. Alfred Winterstein, Vienna

Dr. Augusta Bonnard, London: 'The Metapsychology of the Russian Trial Confessions.'

Dr. Pierre Lacombe, New York: 'The Problem of the Identical Twin as Reflected in a Masochistic Compulsion to Cheat.'

Dr. Edward E. Harkavy, New York: 'The Psycho-Analysis of a Gambler.'

6th Scientific Meeting

Wednesday, 29 July, 2.30 p.m. Section I. Chairman: Dr. Marc Schlumberger, Paris.

Dr. Leo H. Barteimeier, Detroit: 'A Psycho-analytic Study of Pregnancy.'

Dr. Mafassil-uddin Ahmed, Pakistan: 'Psycho-Analysis of Some Psychosomatic Organic Disorders.'

Dr. Ricardo Bisi, New York: 'Dermatosis, Depression, Post-Partum Psychosis.'

Dr. Danilo Perestrello, Rio de Janeiro: 'Head-ache and Primal Scene.'

Dr. David Brunswick, Beverly Hills: 'A Revision of the Classification of Instincts.'

Section II. Chairman: Dr. Ralph R. Greenson, Los Angeles.

Dr. Alfred Winterstein, Vienna: 'A Typical Dream Sensation and Its Meaning.'

Dr. Anny Katan, Cleveland: 'Distortion of the Phallic Phase' (in the absence of Dr. Katan, the paper was read by Dr. Martin James).

Dr. Clifford Scott, London: 'A New Hypothesis Concerning the Relationship of Libidinal and Aggressive Instincts.'

Dr. Elizabeth Zetzel, Boston: 'Reality Trauma and Reality Sense.'

Dr. Emilio Servadio, Rome: 'Mental Reality and Objective Reality.'

Section III. Chairman: Dr. Nicola Perrotti, Rome.

Dr. Hanna Segal, London: 'Schizoid Mechanisms Underlying Phobia-Formation.'

Dr. Edith Welgert, Washington: 'Countertransference and Self-analysis of the Psychoanalyst.'

Dr. Nils Nielsen, Copenhagen: 'The Dynamics of Training Analysis.'

Dr. Sacha Nacht, Paris: 'Difficultés de la psychanalyse didactique par rapport à la psychanalyse thérapeutique.'

Dr. Martin Grotjahn, Beverly Hills: 'Present Trends in Psycho-analytic Training.'

Dr. S. H. Foulkes, London: 'Group Analytic Observation as Indicator for Psycho-Analytic Treatment.'

Business Meeting

Thursday, 30 July, 9.30 a.m. Chairman: Dr. Heinz Hartmann, New York

President's Report. Dr. Heinz Hartmann:

The reports of the business meeting held at the Amsterdam Congress were edited through the kindness of Dr. Grete Bibring and have been printed in the 103rd Bulletin of the International Psycho-Analytical Association, and I should like to have any comments you may wish to make upon them.

Since there are no comments I assume that you approve the reports as published in the Bulletin. (Approved.)

I will now read to you the names given to us by the Component Societies of the International Psycho-Analytical Association of members lost through death during the last two years:

From the American Psychoanalytic Association:

Helen Arthur.
N. Lionel Blitzsten.
Henry A. Bunker.
E. Van Norinan Emery.
Alan D. Finlayson.
G. Leonard Harrington.
Bela Heksh.
Clinton P. McCord.
Lillian D. Powers.
Carl Tillman.
Fanny von Harn-Kende.
Herbert A. Wiggers.

From the Indian Society:

G. Bose, President.
Pars Ram.

From the Israel Society:

Ilja Schalit, Secretary.

From the Paris Society:

John Leuba.

Member at Large:

Jacob Hoffmann.

I also want to report to you the death in the last two years of some analysts who had previously been members of the International Psycho-Analytical Association, but who, for one reason or another, were no longer members at the time of their death:

Siegfried Bernfeld.
Karen Horney.
Géza Róheim.
Harold Schultz-Hencke.

May I ask you to rise in memory of those we have lost.

Dr. Hartmann (continuing): The membership of the International Psycho-Analytical Association is now close to 1,000, half of them belonging to one Component Society, the American Psychoanalytic Association. A certain number of analysts work in various areas of the globe—among others Brazil, Colombia, Cuba, Egypt, South Africa, Venezuela, Yugoslavia—without the support of a Society or Institute. Eleven members of the International are direct members, one in Brazil, one in Yugoslavia, and nine in the United States, the latter being lay analysts who have been reinstated to membership in the International Psycho-Analytical Association on the recommendation of the Joint Screening Committee of the American Psychoanalytic Association and the International Psycho-Analytical Association (see Appendix 1 (d)).

I shall now give you some figures for the present Congress. A total of 575 persons have registered, which is considerably more than at any previous Congress. Of these 575, 220 are regular members and 80 are associate members of the different Component Societies; in addition 143 students and 132 guests attended the meetings of this Congress.

Recent Bulletins of the International Psycho-Analytical Association have informed you of the activities of our Component Societies, organizational changes and other facts and figures. In my report I will limit myself to some selected aspects rather than give you the total picture of analytic development in the last two years.

The American Psychoanalytic Association recognized the Western New England Society as a new Affiliate Society. In 1952, the American Association founded a new Journal, *The Journal of the American Psychoanalytic Association*, to be published quarterly, and we wish the new publication good luck. The status of the American Psychoanalytic Association as a Component Society of the International Psycho-Analytical Association was reaffirmed at the Annual Meeting of the American Psychoanalytic Association in Los Angeles, 1953. It was also decided at these meetings that for the years 1953 and 1954 each active member of the American Association is entitled, by virtue of his annual dues, to a subscription to the *International Journal of Psycho-Analysis*. A Committee on Institutes and the Board on Professional Standards of the American Association ensure the establishment and maintenance of minimum training standards and help with training problems as they arise. The Board passed a resolution that a minimum of four hours a week, and an optimum of five, should be required for the student's own analysis and for his cases under supervision. I may mention at this point that the Central Executive of the International Psycho-Analytical Association has suggested the establishment of an analogous board for the European countries.

In South America three Component Societies—the Argentine, the São Paulo, and the Chile Psycho-

analytic Societies—are recognized by our organization and are expanding their scientific and training activities. About the group in Rio de Janeiro I shall talk to you later.

In Europe, the *Association of Belgian Analysts*, recognized at the Congress in Zurich, reports healthy growth and development, but no radical organizational or other changes that would ask for any action by this Congress.

The same is true of the *British Psycho-Analytical Society*, which is second among the Component Societies as to number of members. This Society added to its membership in the past three years more members than in any other comparable period of time in the past. An *Australian Society of Psycho-Analysts* was founded in 1952. It is not an independent Component Society of the International, but a subgroup of the British Society, its members being regular or associate members of the British Society.

The *Dutch Society* is divided into two subgroups, Amsterdam and The Hague, each having a direction and organization of its own, but working intimately together as part of the Dutch Society.

In France, the *Paris Psycho-Analytical Society*, owing to the intense energy of some of its members, has made an important step forward in re-establishing, after an interval of many years, an Institute in 1953. As to its organization, this Institute is partly independent of the Society. We wish to congratulate our French colleagues on their achievement. Unfortunately I have to inform you that even more recently a division has come about in this Society. A few weeks ago five members resigned. This event will be discussed later.

You remember that at the Congress in Amsterdam the *German Psycho-Analytical Association* (*Deutsche Psychoanalytische Vereinigung*) was recognized; while provisional recognition was withdrawn from the *German Psycho-Analytical Society* (*Deutsche Psychoanalytische Gesellschaft*). Objections that the President of the Gesellschaft, Dr. Felix Boehm, raised against your decision in Amsterdam were examined and considered unfounded by the Central Executive.

You will be gratified to hear that the *Italian Psycho-Analytical Society* has succeeded in establishing its own Institute. We wish them luck in their enterprise.

The *Swedish Psycho-Analytical Society*, besides successfully working in its own country, has now two of its training analysts conducting training analyses in Copenhagen, who are contributing towards the organization of psycho-analysis in Denmark.

Dr. Sarasin, who has been a member of the Central Executive for many years, is, you will regret to hear, incapable of attending this Congress, because the state of his health does not permit him to travel. However, he sent us a report on the activities of the *Swiss Psycho-Analytical Society*

and emphasized that for the first time an official collaboration could be established between the Swiss Society and the Cantonal authorities.

The *Vienna Psycho-Analytical Society*, though working under serious and well-known handicaps, was able to raise its membership to 16 and has 17 students in training.

Of the three recognized Component Societies in Asia, the *Indian Psycho-Analytical Society* particularly informs us of their extended and successful outside clinical activities. The *Israel Psycho-Analytical Society* reports that training is being done in three cities; they regret that it is not yet possible to form a Central Training Institute and to offer their training candidates more systematic training.

In Japan, the centre of the *Sendai Psycho-Analytical Society* is in Hirosaki, but psycho-analytic lectures are also held at Hiroshima Medical College and in Tokyo.

After these brief reports about the activities of Component Societies, I now turn to the applications we received for recognition by the International Psycho-Analytical Association, for Component Society or Study Group status.

You remember that the so-called *Brazilian Psychoanalytic Institute* was, at the time of the last Congress, under the direction of Dr. Burke and Dr. Kemper. It had a stormy history, and after years of uncomfortable truce between the two leaders, it came to an open break in 1951, which led to Dr. Kemper's exclusion. Dr. Kemper was followed by his candidates. Dr. Burke, now the sole training analyst, applied for recognition of this Institute by the International Psycho-Analytical Association, which, however, the Central Executive did not see fit to grant. Students of Dr. Burke will in the future have the possibility of working under the supervision of, and having contacts with, the recognized Society at São Paulo. In the meantime, some Brazilian analysts who completed training in Argentina have returned to Rio de Janeiro and started working there. We offered them the opportunity of a closer affiliation to São Paulo. Dr. Kemper has continued his work as training analyst, supervisor and lecturer in Rio on an independent basis. Two of his students took it upon themselves to make the long trip to São Paulo in order to get additional supervision by members of the São Paulo Society. Dr. Kemper has applied for recognition of his group as a Study Group under the sponsorship of the Society in São Paulo. The Central Executive recommends to you that you accept them as a Study Group under the sponsorship of the São Paulo Society. May I have your opinion on this? (*Motion carried by a large majority, one vote against.*)

Mrs. Melanie Klein speaks on behalf of the small group of Brazilian analysts trained in Argentina who recently returned to Rio de Janeiro. She objects to their being 'forced' into co-operation with the recognized São Paulo Society and proposes

instead the status of an Affiliate Society of the Argentine Society.

Dr. Hartmann: Since we have one recognized Society in Brazil, the natural thing would be for the new Study Group to come under the sponsorship of the national organization.

Dr. Adelheid Koch outlines a plan for the future of a national association in Brazil comprising several regional societies: one in São Paulo and two in Rio, Dr. Kemper's and Dr. Perestrello's groups. For the time being she advocates that the latter two accept sponsorship of the São Paulo Society. For Dr. Perestrello's group to be associated with Buenos Aires rather than with São Paulo would, as Dr. Perestrello confirmed, create an unfavourable impression in the eyes of the Brazilian public. Dr. Koch reassured Dr. Perestrello and his group that no interference in their work by the São Paulo Society would occur.

Dr. Perestrello expresses his willingness to accept sponsorship of the São Paulo Society if his group cannot be sponsored by the International Psycho-Analytical Association directly.

Dr. Hartmann: The alternative is actually impossible and so I understand that Dr. Perestrello agrees to accept sponsorship of the São Paulo Society.

Mrs. Klein expresses her impression that Dr. Perestrello agreed to accept sponsorship of the São Paulo Society only because there is no other alternative. However, she wishes the Congress to recognize this fact and also that there might be a split in the future. She requests to have it put on record that the present solution is only a temporary one and that after Dr. Perestrello's group has increased in numbers, they should have the right to dissolve an affiliation that might have been forced on them.

Dr. Hartmann: Thank you. I think we agree on the main point, though Mrs. Klein considers this solution a minor evil only, as I understood it. It is not possible for us to legislate for a further split in Brazil, though it may occur.

Dr. Heimann wishes this discussion to be recorded in the Minutes for future reference.

Dr. Hartmann: Everything you say will be preserved in the Minutes. Though not everything will be published in the *Bulletin*, the Minutes will be kept on file.

Dr. Zilboorg points to the importance of this whole discussion as the suggestion has been made to make provision for a 'split' in principle even before a split has occurred. He introduces a motion that the International Psycho-Analytical Association, regardless of the individual decisions made in the past, or to be made in the future, considers the psycho-analytic movement a united one and does not go on record in advance that splits are of the very essence of scientific freedom.

Dr. Bartemeier seconds the motion.

Dr. Hartmann asks for a precise formulation of the motion.

Dr. Zilboorg: The 18th International Congress of Psycho-Analysis, having heard various arguments in favour of or against the organization of various groups, considers the International Psycho-Analytical Association an organization of unity and does not in any way recognize, particularly not in advance, the formation of any kind of split, as if splits produced scientific freedom.

Dr. Hartmann: The motion has been seconded by Dr. Bartemeier and I want to take a vote on it. Who is in favour of Dr. Zilboorg's motion?

Dr. Loewenstein suggests putting into the motion the word 'automatic'. If the Association does not 'automatically' accept future splits, he would agree with that motion, which otherwise would imply an implicit condemnation of necessary or desirable splits which might occur.

Dr. Zilboorg would prefer to omit the word 'automatically' and merely to recognize the fact that splits are to be considered when they occur and not in advance.

Dr. Hartmann (continuing): I would suggest that if Dr. Zilboorg and Dr. Loewenstein agree, we postpone discussion, because the Central Executive has a suggestion on the question of splits and the present discussion would fit in very well at that point. You will hear it in a few minutes.

Dr. Jones suggests that the wording be left to a small committee.

Miss Anna Freud points out that the International Psycho-Analytical Association was organized on a national basis according to countries, and what Mrs. Klein has suggested really amounts to revising the organization according to scientific points of view. That would be an alternative principle, but we would have to agree on it in principle. If we do so, there is no doubt that in a very short time we would have two or more International Associations. Therefore, the present question should be considered in that light.

Dr. Heimann is in full agreement with Dr. Loewenstein's idea, which he conveyed by introducing the word 'automatic', but she would have no objection to another formulation provided it becomes clear that the International Psycho-Analytical Association feels strong enough to incorporate the principle for which this country stands so firmly, that unity is possible on the basis of agreeing to disagree.

Dr. Waelder states that, living in the United States, he has a great deal of experience with splits, and that the opinion regarding splits was very largely determined by which side split off; i.e. at a time when an unorthodox group split off in New York, the Freudian analysts felt there should not be two Institutes in one place; and in another place where non-Freudians had a majority, the Freudians felt exactly the opposite. He thinks that those who wish to preserve the International

Psycho-Analytical Association must be in favour of elasticity; the more elasticity the International or any other organization grants to its members, the longer it will live. The more it insists on forcing unity, the earlier it will break.

Dr. Glover wishes to move that if in the wording of the resolution, indication is given on the subject of splits—even if it were a motion that splits should not occur—the question of splits will still be left on record. The Association would be biasing itself. The International Association has certain constitutional rules and aims and it should stick to the rules and aims. He would like to remove both resolutions to avoid any commitment.

Dr. Hartmann: May I introduce what the Central Executive suggested on the points of splits. 'The Central Executive recommends that no secession from a recognized Society or Association should be effected prior to consultations with the Central Executive of the International Psycho-Analytical Association, and before the Central Executive has had the possibility of fully investigating the reasons for dissension.' This is the recommendation of the Central Executive, which *Dr. Zilboorg* could not know. Do you want to vote on this motion? And we will also have to vote on *Dr. Zilboorg's* motion.

Dr. Zilboorg claims that his motion was voted on already in principle and that *Dr. Hartmann* introduced a different question: namely, that if a split in a Society is threatening, the Central Executive ought to pass judgement. His motion was based on the principle that from now on small groups who are not yet members of a Society and the International Association could train in advance for splits, which naturally means the end of the International Psycho-Analytical Association. If, however, a large group comes to a point of split, that is a totally different story. There are two different things involved.

Dr. Hartmann: I regret to disagree as to one point. We could not yet decide on *Dr. Zilboorg's* motion, because some discussion interfered. Who is in favour of *Dr. Zilboorg's* motion? (47 in favour; 14 against. *Dr. Zilboorg's* motion carried.)

(From the audience): What about the attendance?

Dr. Loewenstein withdraws it.

Dr. Hartmann (continues): As this question is settled, I will come back to the suggestion of the Central Executive. I will read again the suggestion which we wanted to express on the split of societies: 'No secession from a recognized Society or Association should be effected prior to consultations with the Central Executive of the International Psycho-Analytical Association, and before the Central Executive has had the possibility of fully investigating the reasons for dissension.'

Miss Anna Freud states that it seems distressing under present circumstances of splitting that members of the International Association, by leaving a recognized Component Society, lose their membership in

the International Association without any possibility of knowing beforehand whether they will regain it; e.g., whether the secession will be recognized by the next Congress or by some other means. Before a Society splits, they should notify the International Psycho-Analytical Association of their intentions, so that it will be possible to inform both sides fully of their future standing with the International. It also gives splitting Societies a few weeks or months to consider the whole matter. This is the spirit in which the suggestion was made.

Dr. Jones supports *Miss Freud's* resolution, but wishes to add a comment on *Dr. Waelder's* proposition that the Freudian Association, if it is to survive, must be elastic. We all agree we should not be meeting in Congress if everyone were of the same opinion and there was nothing to discuss. However, there are limits to elasticity. If a group, e.g. states that everything hitherto published on psycho-analysis is wrong, in his opinion no strenuous effort should be made to retain them in the Association. This Congress has gone on record as regretting splits unless they are absolutely essential. There is room within the Association for very considerable divergencies of opinion so long as certain principles remain in common, and they should be tolerated and allowed, as they have been.

Dr. Menninger seconds the motion presented by *Dr. Hartmann*.

Dr. Zilboorg declares himself in favour of the motion proposed by the Central Executive, but inquires whether it will affect the Paris situation.

Dr. Hartmann: No, that is for the future. There is a motion on the floor. Will all those in favour of it please raise their hands. (Motion of the Central Executive was carried; none against.)

Dr. Hartmann (continuing): I will bring up a question connected with what we just discussed, namely, the procedure concerning new Study Groups. The recommendation of the Central Executive reads as follows: 'The Central Executive recommends a decision by Congress that before reaching an agreement on sponsorship, the sponsored as well as the sponsoring group should consult the Central Executive.' In countries in which a recognized Society exists, this Society would presumably be the sponsor for any new Society or Study Group. In other cases, various reasons, geographical as well as of actual relatedness, may make sponsorship by one Component Society more promising than sponsorship by another one. This recommendation would not apply to the addition of subgroups to existing Societies (e.g. the Australian Society is a subgroup of the British Society; or if the American adds a new Affiliate Society), but only to groups asking for sponsorship in order to become, in due course, independent Component Societies of the International Psycho-Analytical Association. In the past there have been difficulties because this has not been done. I will explain what happened: Canada, e.g. had double

sponsorship; both the American Association and the British Society sponsored the same group. Canada has tried a solution of which I will speak later.—Also, a Committee will be nominated to study problems of principles and standards related to the acceptance of New Societies and Study Groups.

Miss H. Schwarz asks for a definition of 'Study Group'.

Dr. Hartmann: Usually a group of analysts who have had some training elsewhere and who decide to practise in a new city or country and want to have the backing of a Component Society of the International Association. We have so far no regulation to set down procedure, so we feel the best thing is to canalize it through the International.

Miss Anna Freud points to a frequent misunderstanding regarding a Study Group and its relation to the Sponsoring Society. Not all members of the Study Group need to be members of the sponsoring group. Usually a Study Group has one, two, or three full members of the Sponsoring Society and can then add members to the Study Group who will in time present membership papers to the Sponsoring Society and become full members there.

Dr. Zilboorg suggests that the acceptance of this motion be postponed until the next Congress in view of the difficulties inherent in its application.

Dr. Hartmann: I think *Dr. Zilboorg's* point is excellent. But I want to hear how the Congress feels about it.

Dr. Loewenstein moves that the Executive Council's recommendations regarding sponsorship of Study Groups be accepted.

Dr. Sterba seconds this.

Dr. Clifford Scott points to the fact that at the last Congress before the war the Articles of the Constitution of the American Association were discussed in this Association and a Sub-committee appointed to consider them and bring them up at the next Congress; but in the interval it was lost sight of. In the Constitution of the American Association 'country' means North America in the sense that many Americans feel that sponsoring a society in Canada would be technically sponsoring a society in their own country, according to their Constitution, but some Canadians feel differently about that. Many Canadians will go to the United States, study there, and not return; whereas some Canadians will go to another country for their training. They may go back and wish to be members of the Society of the Canada group itself, but in the meantime might much rather be associated with the British Society than with the American Association, both being outside their own country.

Dr. Jones suggests that the American Association amend their constitution, defining 'country' in the customary sense, since otherwise one might wonder whether Mexico, Guatemala, etc., are also included in their definition of country.

Dr. Waelder points out an existing difference concerning the meaning of Study Group for the American Association and the International Association respectively: e.g. for the International Association and the British Society 'Study Group' merely implies moral support of a group of people interested in psycho-analysis; for the American Association, it means a group of analysts with limited training rights under sponsorship of a parent institute. This difference in definition might be responsible for the difficulties of the Canadian group.

Dr. Gillespie confirms on behalf of the British Society that a Study Group is not in any sense a training organization and that the British Society would never have recognized the Canadian group in that sense.

Dr. Hartmann: To speak about the present state of the Canadian group: analysts in Montreal have been in contact with the International Association, with the Detroit Society, with the British Society, and with the American Association, with the aim of securing sponsorship. The latest information the Central Executive of the International Association has received from them was that they now want to become an Affiliated Society of the American Psychoanalytic Association.

Dr. Gillespie states that his latest information is that there has been a difference of opinion among the five members of the Montreal group, three of whom have decided that they want to postpone application to the American Association until they have certain assurances in advance, the other two wish to join. Since the majority is in favour of postponement, they will not apply as a group.

Dr. Hartmann: My information is a few months old and yours, I understand, a few weeks.

Dr. Bartemeier confirms *Dr. Gillespie's* information and asks whether a future application of the Canadian group for Affiliate Society status in the American Association would be against regulations of the International Association.

Dr. Hartmann: It would not infringe on any accepted principle of the International Psychoanalytic organization.

Dr. Loewenstein states that there is a motion.

Dr. Hartmann: May I say that the Central Executive, as far as I can see, is in favour of accepting *Dr. Zilboorg's* suggestion to postpone decision on this question. Since even a clear formulation may apparently be misunderstood, we would like to bring this question up in two years after consultation with the American Association.

(*From the audience*): I second the motion to accept recommendation of Council.

Dr. Koch inquires whether groups having only one training analyst could be recognized as a study group.

Dr. Hartmann: We do not favour the development of a group out of such a situation. We are in favour of providing possibilities for the students

to get their teaching from several analysts. By the way, in America there is a difference between Study Group and Training Centre.—Is there any more discussion? There is the question whether we should decide now or after consultation with the American Association. I am in favour of discussing it with the American. I would be in favour of accepting Dr. Zilboorg's recommendation to refer the question back to the Central Executive and to consultation with the American.

Mrs. Klein asks for a clearer definition of Study Group in respect to the number of training analysts. Was Dr. Hartmann's statement concerning the undesirability of training by only one training analyst a ruling or a recommendation?

Dr. Hartmann: The Central Executive can only recommend; we have no possibility of enforcing regulations. We will nominate a committee to study problems of Study Groups and new Societies, so that we can arrive at a clearer understanding of the problems involved and at a definition of the term 'Study Group'.

(*From the audience:*) I move a resolution that the suggestion of the Central Executive be accepted.

Dr. Loewenstein withdraws his motion.

Dr. Zilboorg moves that the proposed ruling remain for further consideration by the Executive Council until the next Congress.

Dr. Atkin seconds this motion.

Miss Anna Freud suggests that before voting the fact should be considered that the International Congress is held in Europe and that therefore the Americans are usually at a disadvantage. For this reason it would be only fair to postpone decision on sponsorship until the Central Executive could discuss this problem with the American Association.

Dr. Hartmann: Who is in favour of postponing the question of Study Groups until after discussion with the American, and to appoint a committee to investigate problems relating to Study Groups? (*Overwhelming majority; none against.* *Dr. Zilboorg's motion carried.*)

Dr. Hartmann (continuing): May I come back to the applications we have had. *Denmark:* two members of the Swedish group have settled in Denmark, Dr. Vargaard and Dr. Nielsen, and one Danish colleague, Dr. Hansen, trained in Vienna, has joined them. They have asked to be recognized as a Study Group under the sponsorship of the Swedish Psycho-analytic Society. The Central Executive recommends that this recognition be granted.

Dr. Zilboorg seconds the motion.

Dr. Hartmann: Let us vote on the Danish group under the sponsorship of Sweden. (*Overwhelming majority; one against.*)

Dr. Hartmann (continuing): In Copenhagen there is also the Society called 'Selskabet for Dynamisk Psykoanalyse' which has again asked to be accepted as a Component Society. We found it consisted mostly of persons not sufficiently trained

according to the present standards of the International Association. The Central Executive therefore cannot recommend recognition.

I mentioned before that in *France* five former members of the Paris Society resigned a few weeks ago. By this act they have also lost membership in the International Association. They are: Drs. Lagache, Lacan, Dolto, Favez-Boutonnier, and Reverchon-Jouve. This question has been widely discussed. The resignations occurred after a meeting of the Paris Society at which Dr. Lacan, then president, had received a vote of non-confidence in the Society. The doubts concerned serious deviations of training practices counter to the experiences and convictions of the majority. On the one hand, the members who resigned have now formed a new group and asked for recognition. They claim that it was rather incompatibilities of character that caused the difficulties and induced them to move. The Central Executive feels that before any decision can be reached the situation ought to be more thoroughly clarified than could be done at the Congress and it has nominated a committee to ascertain the facts and to report them. The committee consists of Dr. K. R. Eissler, Dr. Greenacre, Mrs. H. Hoffer, Dr. Lampl-de Groot, Dr. Winnicott.

Dr. Loewenstein stresses the fact that, according to information received by him, the majority of students followed the split-off group. He points to the dangers inherent in such a split to students and patients, comparing it with the divorce of parents. He pleads for tolerance on both sides and for the safeguarding of the training of students and the analyses of their patients irrespective of the side to which the students adhere.

Dr. Hartmann: Thank you, Dr. Loewenstein, a very important suggestion.

Mme. Bonaparte is in favour of studying the situation carefully. She affirms that the split occurred because of divergence in technique. She considers the question of technique a fundamental one in analysis in general, and in the training of analysts in particular. Therefore, she thinks that a careful examination of the technique used by the members of the new group is required, particularly in view of the fact that one of these members two years ago promised to change his technique, but did not keep his promise.

Dr. Nacht corrects Dr. Loewenstein as to the number of students who left the Institute. Fifty per cent of the students are in analysis with members of the Paris Psycho-Analytical Society. In answer to Dr. Loewenstein's plea for tolerance towards students and their patients, he reads the following letter sent to Dr. Lagache on 18 June, 1953: '... The Members of the Council, seeing that your collaboration should no longer be accepted, has to find someone else for the classes and courses you were going to direct, and in order to avoid hardship for both trainees and patients, the members of the

Council asked that an arrangement might be arrived at by which full freedom will be left to the trainee and that no pressure will be exercised on him from whatever side it may be. . . .

Dr. Loewenstein expresses his pleasure about this letter, but states that he heard from two students that their supervision had been cancelled the day after they left the Institute. He hopes that this was only an isolated incident and appreciates *Dr. Nacht's* and the Educational Committee's decision not to let students and patients suffer from the split among the 'parents'.

Miss Freud states that as a child analyst she has often been asked by parents to save children from the consequences of divorce, and has never been able to do so. The second point concerns what *Dr. Nacht* said about the gesture extended toward students of the other side being made in the right spirit. It is a well-known fact that it is nearly impossible to supervise the work of a candidate whose training analysis for some reason or another is incomplete, insufficient, or carried on on different grounds. There has to be some form of harmony between the work of training analyst and supervisor. It is exactly the complexity of these questions which has determined the Central Executive's recommendation that this matter should not be thrashed out here which would not give insight into all points, but to entrust it to a committee which consists of purely objective people well versed in the matters of psycho-analytical training.

Dr. Zilboorg refers to the splits of the New York Society where neither group lost membership in the International Association and advocates that the members who resigned from the Paris Society should retain membership in the International Association during the period of investigation.

Dr. Hartmann: In the case of the split of the New York Society, those who left remained members of the International Association because they were members of the American Association and the American Association is a Component Society of the International. When *Dr. Lagache* and the others left the Paris Society, they did not retain their membership in the International Association, because the Paris Society is the only Component Society of the International in France.

Dr. Jones reminds *Dr. Zilboorg* that the Rado group was recognized by the American Association and therefore retained membership in the International Association. He also points out that the Central Executive is the proper body to deal with applications for membership of people outside the Society and that it is proper that they should investigate this new Society coming from outside before accepting it.

Dr. Atkin emphasizes the importance of the resolutions just adopted by Congress, namely, that matters of groups splitting off should be very carefully studied by the Executive Council of the International Psycho-Analytical Association, and

secondly, the resolution of principle against the too ready fragmentation of various groups in the International. He states that in conversations with some of the members and students who resigned, the problem concerning training had not been mentioned at all, but the split had been explained by incompatibilities of personalities. He professes himself against splits for such reasons, although a number of members of the International Psycho-Analytical Association seemed to find it justified to split off because of personal disagreements. The function of the International Association should be to propound and maintain policy and even to exercise authority in such matters. The French group should be asked to reconsider and to postpone any action until after the investigation of the Committee. If a split is unavoidable, it should be undertaken in the course of several years so that, in accordance with *Dr. Loewenstein's* suggestion, it will not be too traumatic for students and patients.

Miss Freud thinks that the Congress should be informed that an unfortunate step has already been taken by the leaving members of the French group. They have informed the non-analytic professional environment of their step in a circular which carries the quarrel, without giving reasons for it, into the outer world. Therefore, pacifying comes too late.

Dr. de Saussure expresses his pleasure at the adoption of the resolution concerning splits and thinks that this measure could have prevented the present situation in Paris. Since he used to be a member of the Paris Society, he feels most sympathetic with their recent troubles and hopes that, if no spirit of revenge prevails, a unity can be restored without sacrifice of standards. The objective Committee that has been appointed might be of help in unifying the two groups.

Dr. Loewenstein appeals again to the French colleagues to reduce damage as much as possible.

Dr. Hartmann: I am in favour of limiting this discussion because it involves a question that without intimate knowledge of facts cannot be decided and the Committee was appointed for this purpose.

Dr. Clifford Scott suggests provisional membership for the split-off group, since he assumes that they were not aware of the consequences of their action.

Dr. Benassy repudiates this assumption by referring to the public statement, which *Miss Freud* mentioned, in which they state that they do not see why the International should not recognize them; this means that when they resigned they knew that by that fact they were resigning from the International Association. He believes that the students might suffer from internal dissensions as much as or more than from a definite split.

Dr. Balint suggests several different procedures for keeping the members of the split-off group in

the International Association; e.g. membership at large; provisional recognition of the whole group; or individual membership in other Component Societies.

Mme. Bonaparte comes back to the problem of deviation in technique used by the dissenting members and emphasizes the necessity of the Committee's investigation of these problems, since the question of standards is of great importance for the development of psycho-analysis in France.

Dr. Hartmann: I am in favour of closing the discussion. I want your opinion. (*All were in favour of closing the discussion.*)

Dr. Loewenstein points to the fact that the members of the split-off group could not participate in this discussion, because they had lost membership in the International Association, which he considers as anomalous and unfair.

Dr. Hartmann: I feel we should leave all these questions to the Committee; its investigation will not take place until the next Congress. We shall ask this Committee to interview both sides and to report as soon as possible to the Central Executive. (*A motion was proposed and seconded to leave the discussion to an impartial Committee; they should hear both sides and report back to the Central Executive as soon as possible.*)

(*From the audience*): What is the status of the French colleagues pending investigation?

Miss Freud: The status is the one they created themselves by resignation.

(*Motion passed; two against.*)

Dr. Hartmann (continuing): We come to the next point. A group of psycho-analysts in Norway has asked to be accepted as a Component Society. Among them are a few who do not practise analysis but something else, a new technique. This composition of the group made it impossible for the Central Executive to recommend it.—In Spain there is one group in Barcelona and one in Madrid. The leader in Madrid is a member of the German Psycho-Analytical Society and a training analyst. Both groups have applied for recognition. However, the situation did not seem clear enough to warrant a decision at this time. The Central Executive recommends that the group in Madrid seek closer contact with the Paris group regarding lecturing and supervision. As to the group in Barcelona, Dr. Jones, who will be spending his vacation not far from there, took it upon himself to investigate prevailing conditions on the spot during the coming year. We wish to express our gratitude.

Dr. Braatoy protests sharply against the decision of the Executive Council concerning the Norwegian group.

Dr. Hartmann: You are out of order, but if you want to give a brief explanation we will listen to you.

Dr. Braatoy presents the historical development of the Norwegian group; he stresses the difficulty of breaking off co-operation with certain members

for scientific reasons in peace-time, after having co-operated with them in times of extreme external danger during the war. He does not want to argue against the Executive Council's decision, but asks only for precise and definite formulation of the reasons in a letter to the group.

Dr. Hartmann: I am sure you will be grateful for Dr. Braatoy's information. The decision is merely postponed until the Norwegian group reaches proper standards for membership.

Miss Steinbach wishes to say that the Madrid group did not apply to be recognized. She only informed the Executive Council of the existence of the Madrid group and asked for help, which they gratefully received.

Dr. Hartmann (continuing): The Central Executive welcomes an arrangement by which three officers of the Sigmund Freud Archives, Inc., would be chosen from among representatives of the International Psycho-Analytical Association. I now ask Dr. K. R. Eissler to report to you.

Report on the Sigmund Freud Archives, Inc., by Dr. K. R. Eissler (see Appendix I (a)).

Dr. Hartmann (continuing): Thank you, Dr. Eissler.—I want to tell you that we have accepted a suggestion by Dr. Hans Hoff of Vienna that a bust of Freud be erected there. A bust of Freud exists which Dr. Jones has very kindly offered for this purpose and I want to convey to him the warmest thanks of all of us.—It was decided in Amsterdam that the Scientific Committee on Research be put on a more democratic basis. An appeal by the Central Executive was meant to achieve that delegates should meet during the Congress and prepare the ground for future work. This appeal was only partly successful. Only a few societies accepted the suggestion to send delegates. Some voiced doubt as to the fruitfulness of the whole venture, but some representatives of some groups were present. They are: Dr. Bastiaans, Dr. Hoffer, Dr. Kris, Dr. Loewenstein, Dr. Scott, Dr. van der Leeuw, and Dr. van der Waals, and I would like to ask Dr. van der Waals to give a brief resumé of their discussion.

Report of the Scientific Committee on Research by Dr. H. G. van der Waals (see Appendix I (b)).

Dr. Hartmann (continuing): Thank you for your report. I cannot add anything except that I am glad to hear from Mme. Bonaparte that she would be interested in collaborating. I will now ask Dr. Gitelson to make a financial report.

Report of the Treasurer of the International Psycho-Analytical Association, by Dr. Maxwell Gitelson (see Appendix I (c)).

Dr. Hartmann (continuing): Thank you, Dr. Gitelson.—I now have to tell you that some months ago we received an invitation from Dr. de Saussure, who has just returned to Geneva after twelve years in the United States, that the next Congress should take place in Geneva. He said that no Congress had ever been held in the French part of Switzer-

land, although many permanent members of the Association live there. Last night the Paris group sent an invitation asking that we should convene there. Let me ask whether Dr. de Saussure wants to repeat his invitation.

Dr. de Saussure extends the invitation, by the Swiss Society for the 19th International Psycho-Analytical Congress to Geneva in 1955.

Dr. Bartemeier moves that this invitation be accepted.

Dr. Hartmann: Before we vote I think we should ask Dr. Parcheminey about the invitation to Paris. (He was not present.) Then we shall vote on Dr. de Saussure's suggestion. Who is in favour?

Dr. Jones brings up the question of the centenary of Freud's birthday in 1956, and whether the next Congress should be postponed to 1956.

Dr. Hartmann: Any discussion on Dr. Jones's suggestion?

Dr. Hoffer points out that it would involve a change from the usual dates.

Dr. Hartmann: And that is one of the reasons why some are in favour of not letting it coincide. Who is in favour of holding the Congress in 1955? (Great show of hands.) Who for postponement? (One.) Let us settle the place. Who is in favour of Geneva? (All in favour.) Thank you, Dr. de Saussure, for your invitation. Any other business? What about the centenary? We have some ideas too.

Dr. K. Eissler suggests that a Committee be appointed to prepare the centenary celebration.

Dr. Hartmann: I want to assure Dr. Eissler that we will nominate a Committee with that special purpose in mind. If there is no other business, the last point is nominations, and I would like to ask the Hon. President, Dr. Jones, to take the chair.

Dr. Jones: We are now without a President and I will call for nominations from the floor.

(Dr. Hartmann was proposed by Dr. Atkin, seconded by several members, and accepted by acclamation.)

Dr. Hartmann: Thank you, Dr. Jones. Thank you, all the members of the Congress, for your vote of confidence, and I will try my best in the following two years. I want to say thank you also to all those who have been helpful to me in the last two years, the members of the Executive Council, and especially to the Hon. Secretary, Dr. Ruth Eissler, without whom the work could not have been done. She has agreed to continue serving on a temporary basis as Hon. Secretary and we will try to keep a full-time secretary to facilitate her heavy task. Are there any nominations for Vice-President?

The following were nominated and unanimously elected:

Mme. Marie Bonaparte.

Miss Anna Freud.

Dr. W. H. Gillespie.

Dr. Jeanne Lampl-de Groot.

Dr. Maxwell Gitelson was re-elected as Hon. Treasurer.

Dr. Hartmann: In concluding, I wish to extend our appreciation to Dr. Phyllis Greenacre and Dr. Ernst Kris, chairmen of the Programme Committee, and all its members for their great efforts in organizing our scientific programme. I also want to thank the members of the British Society who made this Congress as pleasant as it could be for all of us. Particular thanks are due to the Administrative Committee headed by Dr. Balint; and Miss King, Mrs. Hill and Miss Drescher. I hope to see all of you again in two years in Geneva.

The meeting is adjourned.

APPENDIX I

REPORTS TO THE BUSINESS MEETING, EIGHTEENTH INTERNATIONAL PSYCHO-ANALYTICAL CONGRESS, LONDON, 1953

(a) Report on the Sigmund Freud Archives, Inc.

I would like to give a brief report on what we have achieved so far. The work has consisted of two activities: namely, one, to collect documents which have direct reference to Freud, and documents having direct reference to psycho-analysis. A total of 1,176 letters and cards written by Freud have been received, a small number of them in original, the majority in photostat or microfilm; 258 miscellaneous letters which refer indirectly to Freud; 231 letters which have direct reference to the development of psycho-analysis. I do not want to specify other items, such as photographs, first editions, etc. The second function: we have tried to arrange interviews with persons in direct

contact with Freud or who were close to people who were close to Freud. There are now 115 recorded interviews with 95 interviewed people.

The financial situation is rather favourable. At one point it looked as if we should not be able to continue our work because we had no money, but at the last minute the Bollingen Foundation in New York made a substantial contribution. I would be grateful to you if you should decide to send a letter or telegram of thanks to that Foundation, because they supported our work in such a generous way.

I heard recently that Freud published a review of a book by Coudenhove-Kalergi in English, but I

have not been able to find the review. If anyone should know anything about it, I should be glad to learn of it.

I want to thank all members who have supported

our work by sending letters or by permitting me to interview them.

K. R. EISSLER,
Secretary.

(b) *Report of the Scientific Committee on Research*

At the business meeting of the Seventeenth International Congress, Amsterdam, 1951, it was decided that the component societies of the International Association should appoint Component Research Committees, and that these Component Committees should appoint one representative member, thereby forming an intermediate committee whose first task should be to nominate, and to submit to the Central Executive for approval, the members of the new Central Research Committee.

On the occasion of the present Congress a meeting of this intermediate committee took place, which proved that international collaboration on this matter will be difficult to achieve. Delegates were present from only three component societies. The British Society was represented by Dr. Hoffer and Dr. Scott; the Dutch Society by Dr. Bastiaans, Dr. van der Leeuw and Dr. van der Waals, and the Swiss by Dr. Edward Glover. On behalf of the American Association, Dr. Kris and Dr. Loewenstein were present as observers, not as delegates. This somewhat rudimentary intermediate

committee nominated Dr. van der Waals as Chairman of the new Central Research Committee, and expressed the opinion that one of the other Dutch delegates should act as Hon. Secretary.

With regard to the obvious difficulty met with in obtaining the necessary international collaboration, Dr. Kris and Dr. Loewenstein mentioned methods developed in their country for overcoming the resistances of individual members in answering questionnaires, and they offered to present the Committee with fuller information concerning these methods.

As matters stand at present, the Committee has nothing substantial to report. The Committee is of the opinion that in the near future only preliminary work can be undertaken and that its first task should be to consider on which subjects and by which methods international collaboration is most likely to be achieved. It is to be expected that it will take a long time to realize only some of the objectives which Dr. Glover had in mind.

H. G. VAN DER WAALS,
Chairman.

(c) *Report of the Treasurer of the International Psycho-Analytical Association*

I will give you a report which will be non-controversial. An audit was made of the accounts by the Professional Business Management Agency at Chicago, and as at 15 June there was a balance of \$4,243.83, while we have available in Great Britain \$1,016.26, and in Israel \$168.00. With

unpaid dues the true assets of the Association were \$5,829.09. I should add that the audited account has been deposited with the Hon. Secretary of the Association.

MAXWELL GITELSON,
Treasurer.

(d) *Report of the Joint Screening Committee of the International Psycho-Analytical Association and the American Psychoanalytic Association*

The Joint Screening Committee of the International Psycho-Analytical Association and the American Psychoanalytic Association was proposed to and accepted by the International Psycho-Analytical Congress in Amsterdam, in August, 1951, after having been accepted by the American Psychoanalytic Association at its Annual Meeting in Cincinnati in May, 1951. The purposes of this Joint Screening Committee are:

... to act as an advisory committee to the International, to help in the appraisal of foreign lay analysts who are settling in North and South America and of those lay analysts who are already in the United States but who have lost membership in the International for political reasons, and generally to represent the American Psychoanalytic Association in dealing with these problems of lay members.

The Committee consists of three *ex officio* members: the President of the American Psycho-

analytic Association; the Chairman of the Board on Professional Standards of the American Psychoanalytic Association; and a member of the Central Executive of the International Psycho-Analytical Association who is a member of the American Psychoanalytic Association.

On the recommendation of the Joint Screening Committee, the following lay analysts—all former members of the International Psycho-Analytical Association—were reinstated to Membership-at-Large in the International Psycho-Analytical Association:

Previous Society
Membership

Mrs. Berta Bornstein
Dr. Edith Buxbaum

New York
Seattle

(San Francisco)

Vienna
Vienna

¹ From the *Bulletin of the American Psychoanalytic Association*, Vol. 7, No. 3, September, 1951, p. 175.

Mrs. Frances Déri	Los Angeles	Prague, Vienna	Mrs. Lili E. Peller	New York	Vienna
Dr. Hanna Fenichel	Los Angeles	Prague, Vienna	Dr. David Rapaport	Stockbridge (New York)	Topeka
Dr. Jakob Hoffmann	New York	Berlin	Mrs. Bertha Tumarin	New York	Berlin
Dr. Anna Maenchen	San Francisco	Vienna	RUTH S. EISSLER, M.D., Chairman, Joint Screening Committee.		

APPENDIX II

LIST OF SCIENTIFIC CONTRIBUTIONS WITH AUTHORS' ABSTRACTS

Ahmed, Mafassil-uddin (Pakistan). 'Psycho-analysis of Some Psychosomatic Disorders.'

Diseases are placed in four different groups according to the various combinations of predominant psychological or predominant physical causes and manifestations. Cases which have predominantly psychological causes but physical manifestations are especially dealt with in this paper. Psycho-pathology is differentiated from psychiatry. Psycho-analytical psychotherapy of some psychosomatic organic disorders is discussed, illustrated by a case of gastric ulcer.

Bak, Dr. Robert C. (New York). 'Some Structural and Functional Changes of the Ego in Schizophrenia.'

Starting from the phenomenology of schizophrenic ego disorder, the paper examines the shifts in the distribution of energy within the psychic structure. An attempt is made to define structural changes and describe some specific defences due to the loss of the 'synthetic function of the ego'. The pathological changes are viewed as adaptive attempts at the restitution of the ego.

Balint, Dr. Michael (London). 'Analytic Training and Training Analysis.'

The present training system as one step in a historical development. Training analysis, the cornerstone of the system, and its aims as compared with those of therapeutic analysis. Inevitable collusion between candidate and his analyst, and its costs. Possible modification proposed for discussion.

Bartemeier, Dr. Leo H. (Detroit). 'A Psycho-Analytic Study of Pregnancy.'

The patient was a young married woman whose personality corresponded to the 'as if' type described by Helene Deutsch. She came to analysis because she had lost interest in her husband and their infant son, and the continuation of her marriage seemed doubtful. Three months after beginning her analysis, she became pregnant the second time.

This presentation discusses the important factors in the formation of her personality, the unconscious significance of her pregnancies, the process of giving

birth, and the nature of her relationships with her children.

Bjbring, Dr. Grete (Boston). 'The Training Analysis—Its Place in Psycho-Analytic Training.'

The different steps in the training process will be examined in their effect on the personal analysis and vice versa.

Attempts will be made to discuss some differences between therapeutic and training analysis with emphasis on the problem 'transference-counter-transference' as it refers to the relationship between the candidate-training analyst and the candidate-control-patient.

Bion, Dr. W. R. (London). 'Notes on the Theory of Schizophrenia.'

The paper opens with a discussion of the schizophrenic's methods of communication and the bearing of this on transference and counter-transference. Further discussion of transference and counter-transference embraces an examination of the part played by splitting, projective identification, idealization, and attempts at integration. There follows a brief examination of the effect of projective identification on introjection and projection together with a final discussion of the significance of certain symptoms.

Bisi, Dr. Ricardo (New York). 'Dermatosis, Depression, Post-Partum Psychosis.'

The skin is an organ in which many psychological conflicts can be expressed. The capacity of the skin to receive stimuli and absorb substances is similar to oral and respiratory incorporation and to identification and introjection of objects. The capacity of this organ to expel substances is similar to the anal and urinary functions and psychologically to the destruction and expulsion of objects. In the skin certain pathological changes can be observed which are the result of oral or anal conflicts, as well as genital (phallic) ones.

A homosexual woman presented acne necroticus with the compulsion to squeeze the pimples in a destructive way. The compulsion constituted the turning against the self of the impulse to kill her mother and/or her children. The pimples and the compulsion appeared at the time of her first preg-

nancy, during which she identified herself with her oppressive compulsive mother who was then introjected in the superego. The patient projected her oral cannibalistic aggression on to her girl baby and became afraid of her. Paranoia had developed. After premature weaning she wanted to kill her daughter; because of the melancholic process that took place at the moment the child was introjected in the ego and in the pimple and the aggression was turned against the pimple, against the self. A schizophrenic regression followed and the patient presented mutism and rigidity. The instinctual sources of the compulsion to squeeze her pimples were oral cannibalistic, anal and phallic (masturbation). With her homosexuality the patient attempted to protect herself from the depression and the accompanying skin symptoms. Homosexuality represented the union with the gratifying seductive mother and her breast.

Bonaparte, Princess Marie (Paris). 'Orpheus' Fault Reversed.'

In her dream a woman finds herself in the opposite position to Orpheus, who lost Eurydice for having looked back at her. The dreamer in this case feels guilty of not having looked back at a maternal totemic animal following her.

The author then makes a short comparative survey of the taboo of the look, when expressing either guilty aggression or guilty forbidden love, with reference to opposite cases where it is a duty to look on with love or respect.

Bonnard, Dr. Augusta (London). 'The Metapsychology of the Russian Trial Confessions.'

Comparisons are drawn between the induced psychic state of the Soviet leaders who are pre-selected for their confessional rôle at public trials, and a certain clinical condition investigated in children. In the latter, the defence mechanism of 'identification with the aggressor', i.e. a paranoically disturbed parent, can be seen to produce its psychiatric counterpart, hitherto described as *folie à deux*. It is shown how the Soviet leaders chosen for stereotyped confessions are induced to regress to certain dynamic states operative in these child cases, and those which govern the melancholic process. The victims achieve relief from ego degradation, unconscious guilt and fear of imminent death, by realigning their intra-psychic forces, on the basis of 'identification with the (idealized) aggressor', i.e. their inquisitors.

Brunswick, Dr. David (Beverly Hills). 'A Revision of the Classification of Instincts.'

This paper proposes a revision of the basic classification of instincts, so that the two basic groups become: (1) the vital-libidinal instincts, and (2) the defensive-aggressive instincts. The first group comprises the vital instincts (feeding, digestion, excretion, respiration) and the physiological

sexual instincts—thus the oral, the anal (and urethral) and the genital instinct components. No change is being proposed in this part of the classification.

But in the second group, the defensive instincts should be added to and classified with the aggressive instincts for several reasons. (1) Both from introspective observation and from objective observation of other humans and animals, the *affect-emotion instinct* complex of *anxiety—fear—inhibition of action—flight—defence* deserves just as much to be considered basic instinctual as does the similar complex of *rage—anger—hate—hostility—reinforcement of action—flight—aggression*. (2) Defensive drives and aggressive drives should be classed together because (a) they have the same general function or aim: to protect the body itself and to maintain the possibility of satisfaction of the vital-libidinal instincts, and (b) they are closely related physiologically, both being mediated mainly by the sympathetic division of the autonomic nervous system, in contradistinction to the vital libidinal instincts, which are mediated chiefly by the para-sympathetic division. (3) In psycho-analytic theory certain parallels can be recognized between the defensive and the aggressive drives.

The question is raised as to why defensive instincts and drives have not hitherto been explicitly recognized as such in psycho-analytic theory. Part of the reason for this is historical, since Freud's discovery of the libidinal components (narcissism) of the self-preservative instincts caused him to lose sight of purely defensive instinct components which were implicit in his earlier views on 'The Defence Neuro-Psychoses' and on the conflict between 'the self-preservative or ego- instincts and the sexual instincts'.

And besides this, the psycho-analytic method studies the *ego's defensive* struggles against various instinctual forces, most notably libidinal and hostile-aggressive ones (but also against guilt and anxiety which are manifestations of defensive drives). Therefore psycho-analysis has come to consider all defence as a property of the ego and to overlook its source in defensive instinctual energies of the id.

In leading up to the conclusion that the defensive-aggressive instincts, though physiologically distinct and probably employing different types of id-energies, are subordinate to the more fundamental vital libidinal drives, the essay takes up what may be called primary and secondary physiological sources of the instincts.

Bychowski, Dr. Gustav (New York). 'On the Handling of Some Schizophrenic Defence Mechanisms and Reaction Patterns.'

Primitive forms of ego organization manifest themselves in the clinical picture as well as in the therapeutic process. This implies the necessity for a minute elaboration of archaic patterns and their confrontation with more adequate reactions.

Careful use of data of genetic psychology helps in the working through of various levels of ego functioning.

Ambivalent and contradictory attitudes as expressed in transference and in everyday reality must be exposed and compared with each other. This implies careful analysis of acting out with special consideration of its destructive form. Catching in *statu nascendi* of the projective processes in the transference allows study of the precursors of delusions and hallucinations.

Special attention ought to be paid to the study of various escape mechanisms.

Eissler, Dr. Kurt R. (New York). 'Notes on Defect of Ego Structure in Schizophrenia and Some Technical Implications.'

Three psycho-analytic presuppositions regarding emotions—The impaired signal function of emotions in schizophrenia—The maximum activation of an emotion in schizophrenia—Some of the consequences of these disturbances such as social animism and primitive syntheses—The patient's technique of combating these consequences—The absence of mechanisms within the pathognomonic area—The lack of structure in the schizophrenic's ego—The struggle for the maintenance of the feeling of identity—The systematic cathexis in the schizophrenic and in the borderline patient—The basic disturbance of perception in the schizophrenic—The theory of colliding energies in the formation of structure—Therapeutic possibilities—Definition of the psycho-analytic goal—Conditions of optimal transference—A technique similar to that of the treatment of phobias applicable during one phase of treatment of schizophrenia—Transference as a protection against traumata—Dangers of transference—The schizophrenic's mode of experiencing the future and his subsequent vulnerability—The schizophrenic's incapacity of experiencing hope—The experience of terror instead of anxiety—The uniqueness of the feeling of identity.

Foulkes, Dr. S. R. (London). 'Group Analytic Observation as Indicator for Psycho-Analytic Treatment.'

Theoretically and by definition every psychoneurosis is rooted in childhood, and centred upon the oedipus conflict. Psycho-analytical treatment is the method of choice if and when a genetic revision in an individual transference situation is required. Purely therapeutically this is by no means always the case. Where such regressive revision is not necessary it is often also undesirable. For a differential indicative position group analytic observation appears to be of particular significance.

Observations on one category of this kind are described by way of example. The deeper and more general meaning of the present communication is this: to illustrate the nature of contributions which

may be made from a synoptic view of individual and group situation.

Freud, Anna (London). 'About Losing and Being Lost.'

In the first part of this paper the analytic explanation of losing, as given in the 'Psychopathology of Everyday Life' and the 'Introductory Lectures', is reviewed, the purely dynamic aspects of the theory being divided from the economic ones. In economic terms, the losing of possessions and their eventual re-emergence are seen as the consequence of quantitative or qualitative changes in the cathexis of 'material' (i.e. non-human) objects. The author discusses the importance of material objects for the emotional life of the individual, and describes the interaction of the relationship to them and the relationship to the mother in childhood, especially under conditions of separation and in states of ambivalence. Increased insight into the significance of material objects leads to the understanding of certain hitherto unexplained phenomena such as:

- (a) the normal individual's hold on his possessions;
- (b) the symptom of chronic and indiscriminate losing;
- (c) the fear of impoverishment as it appears in pre-psychotic phases;
- (d) the ideal of 'voluntary poverty'.

In the second part, the author discusses the identification of the individual with the lost material object on the basis of certain infantile experiences. Children are held securely by their parents by means of a libidinal tie, just as possessions are held by their owners. To withdrawal of libido on the part of the parent, the child answers not only with the feeling of being lost, deserted, insecure, but occasionally of getting lost actually. Children who feel chronically insecure in their relationship to their parents, further tend to transfer this insecurity to the relations with their possessions and to become chronic losers.

In the third part, similar movements of the libido are shown to underlie certain typical dreams of the return of the dead during phases of mourning as well as the well-known folklore of the 'lost souls', i.e. dead people who are supposed to find no rest and wander at night in search of their former loved ones. In both cases a libidinal process in the mourner, i.e. longing, appears as projected into the image of the lost object.

Fries, Dr. Margaret (New York). 'Some Hypotheses on the Role of the Congenital Activity Type in Personality Development.'

The 'Congenital Activity Type' means the newborn's biological mode of adjustment. Infants may be grouped into five types: quiet, moderately active, and active within normal range, and with two pathological groups at the ends of the range—hypo- and hyperactive. A child of any group may

develop pathology, but the two extremes appear more vulnerable.

A film contrasting behaviour of an active child with that of a less active one illustrates the influence of the Congenital Activity Type in personality development.

(1) Effect on Parent-Child Relationship. This contributes to the nature of the infant's object relationship.

(2) Effect on Psychosexual Development. The startle responses of infants with different Congenital Activity Types vary in form, duration and intensity, resulting in different parts of the body being auto-stimulated. This could include different types of genital stimulation.

(3) Effect on Ego Development. Whereas the active child tends to test reality and gain mastery over the environment through her own activity, the less active child tends to do so through the adults. Thus both children have different types of experiences involving different dynamics of ego development.

(4) It is a factor in the choice of defence mechanism and the symptomatology of neurosis and psychosis. The Congenital Activity Type is obviously, however, *one* etiological factor among many others in personality development.

Gitelson, Dr. Maxwell (Chicago). 'Therapeutic Problems in the Analysis of the "Normal" Candidate.'

Jones came to the conclusion that the state of balance in relatively stable persons can be 'unsuspectably precarious' and that this applies to 'apparently normal candidates', in whom one may observe a comparatively good functioning of the personality while an extensive neurosis or psychosis is not manifest. Hartmann concluded that adaptation must be considered against the background of the environment in which it develops. It can be 'appropriate only to a limited range of environmental conditions; successful efforts at adaptation towards specific external situations may, in indirect ways, lead at the same time to inhibitions in adaptations affecting the organism'.

The fact that in the narcissistic neurosis the ego maintains its capacity to perceive and to deal 'adaptively' with external reality makes it possible for the intrapsychic conflict to be laid out on the framework presented by the environment, and to follow there a course which has the aspect of 'normality'. As Freud has said: 'It is always possible for the ego to avoid a rupture in any of its relations by deforming itself, submitting to forfeit something of its unity'. Furthermore, our culture is acquiescent to the phenomena of this narcissistic character defence and the recent history of psycho-analysis, in so far as it has created a new ecology for present-day candidates, has fostered this defence.

The character defences of these candidates are influenced by the particular circumstances that they

have developed in an atmosphere of psycho-analysis since psycho-analysis has been intellectually 'accepted'. The consequence is that they now come to us with an additional layer of ego-syntonic resistances which result in a façade of pseudo normality. These consist of counterphobic and denial mechanisms, intellectualization and clandestine gratifications.

Another complication of the training analysis to-day is the disappearance of the incognito of the analyst. And still another is the fact that the so-called 'scientific' interest in psycho-analysis is now found to be a first line of intellectual defence against unconscious conflict. As a result the uncertain gratification and postponed solutions which effective analysis requires of such candidates drive many of them toward the various 'modifications' of analysis with which we are familiar to-day.

Finally, the type of candidate under discussion suffers from narcissistic problems which interfere with the development of a true transference neurosis. They are regressed from the genital position and not only maintain their defences against pregenital impulses but also against the transference.

In sum, normality, a symptom, actually is not suffered from as such. On the contrary, it is capable of earning social rewards of which the first is acceptance as a candidate. To no other symptom does such a large quota of secondary gain attach. The defensive system is supported by the general culture and, besides this, is reinforced by the pre-analytic professional experiences of the candidate. The analytic situation is contaminated and distorted by adventitious external factors which interfere with the normal development of the transference.

The problems in the analysis of the 'normal' candidate then appear as follows: There is an actual disturbance in his 'feeling relationship' (Jones). He lives in terms of a façade whose structure is patterned by his environment. This provides opportunistic gratification of his instincts by virtue of its imbrication with the demands of his environment. This is the final consequence of the development of an 'adapted' personality—'an organization of the organism', as Hartmann put it, whose adaptation is appropriate to its culture and thus passes as normal. But it is not adapted to psycho-analysis, which needs to be free from the gravitational pull of a particular culture, and which is incompatible with opportunism and compromise. It becomes the task of analysis to provide first of all an opportunity to test out a new reality—the analytic situation—to establish its integrity, and to prove its relevance to the basic nature of the person. In this context, and looking upon the culturally determined 'normal' behaviour as itself a resistance, we may attempt to mobilize conflict made latent by the culture and thus, in the end, analyse the vicissitudes of the libido itself.

Glover, Dr. Edward (London). 'Therapeutic Criteria for Psycho-Analysis.'

The justification for periodic review of the therapeutic criteria of psycho-analysis; objective and subjective influences. Modifications of criteria may be due to the impact of extrinsic and intrinsic factors respectively. The extrinsic factors represent largely the increased pressure of social demand for psycho-therapy, reinforced by the infiltration of psycho-analytic groups by psychiatrists, psychological pediatricians and, at a subordinate level, by social psychologists (workers). The influence of team method. The increase in 'psychiatric' analysis, short-term analysis, hypnó-analysis, narco-analysis, play-therapy, pedagogic therapy, psycho-analytic group therapy, etc.

Intrinsic factors depend as heretofore on fissional tendencies within psycho-analytic groups, leading through channels of theory to new practices of interpretation. The distinction between suggestion therapy and pure analysis is not yet fully established.

The difficulty of establishing differences in practice as distinct from theoretical differences in therapeutic methods. The original theoretical consensus. Variations necessitated by clinical range of therapy. Absence of verifiable statistics. The relation of treatment to research. Conclusions.

Grotjahn, Dr. Martin (Beverly Hills). 'Present Trends in Psycho-Analytic Training.'

(1) *Problems of Training Analysis.* Didactic analysis is different from therapeutic analysis—but *should not be different.* The directness and intensity of the candidate's analytic experience need safeguards, because without them analysis is neither therapeutic nor training. The aim can be reached by a certain flexibility of training analyst and analytic training. The concept of training analysis is compared with the concept of a 'preparatory analysis' as a *prerequisite* for training. The end of training analysis should be a transition from the terminable formal analysis with a training analyst to an interminable continuation of the analysis in the form of self-analysis.

2. *The Place of Lectures, Seminars, and Clinical Conferences.* Besides the communication of analytic facts and theories, classroom teaching can be used to demonstrate the therapeutic relationship as a form of communication and to illustrate dynamics and understanding of the primary process.

3. *The Importance of Supervision in Psycho-Analytic Training.* Analytic supervision is divided into three parts. The final mastery of free reporting to the supervisor is a sign of maturation in the candidate. Supervision is a good example of the final integration of the highly individualistic aspects of analytic training with the increasing group responsibility for training in our modern institutes.

Harkavy, Dr. Edward E. (New York). 'The Psycho-Analysis of a Gambler.'

This patient's gambling was the hysterical acting-out of day-dreams, expressing through imitation of the father a positive-oedipal content and the masochistic defence against it, and carried out as a prolonged forepleasure induced by body movements; with an epileptic and then 'psychopathic' narrowing of consciousness during the acting-out period, which demonstrated itself on the analytic couch to be a dreamlike removal from reality while masturbating; and maintaining itself by regressively-activated anality which had been used in the first place to gain the love of a mother who hated him.

Hartmann, Dr. Heinz (New York). 'Contribution to the Metapsychology of Schizophrenia.'

An attempt is made to understand certain ego-aspects of schizophrenia by utilizing a number of hypotheses on ego-development which have been proposed elsewhere. The relations between 'narcissism' and the cathexis of ego-functions are briefly discussed. In studying the ego-function of defence and the ego-aspects of object-relation in schizophrenia, it appears that the lability of neutralization of instinctual energy, or its impairment, is a more fundamental character of the ego disorder in schizophrenia than has been assumed. In particular, the lowered ability of the schizophrenic to neutralize, if viewed in the light of the proposition that counter-cathexis is fed by one mode of neutralized aggression, explains his failure to achieve workable repressions. While, thus, de-neutralization of aggressive energy accounts for the use of more primitive defence mechanisms (which do not presuppose stable counter-cathexis) and for lesser control of the instinctual drives *vis-à-vis* the ego, as a result of the freeing of aggression that had previously been bound in counter-cathexis. It is suggested that deficiencies in the primary autonomous aspects of the ego contributing to the vulnerability of neutralization and defence might have to be considered among the variety of factors predisposing to schizophrenia.

Heimann, Dr. Paula (London). 'Problems of Psycho-Analytic Training.'

(1) The candidate usually seeks analysis for training rather than for therapy. Inevitably he comes to realize the therapeutic character of the analytic experience. Because the training analyst is both his teacher and his therapist, he may feel an especial dependence on his analyst's goodwill and good estimate of him. Economic issues may complicate the relationship further.

(2) As both therapist and representative of the psycho-analytic organization, the training analyst must consider the interests of both analysand and psycho-analytic society, even though these may clash.

(3) This dual aspect of the analytic situation causes specific anxieties and resistances in the

candidate, and certain counter-transference problems in the training analyst.

(4) In a training analysis these facts must be given full consideration in their own right; and like other 'reality' problems are also the object of analysis.

(5) Counter-transference is in part regarded as an essential clue to the analysand's unconscious processes in a training analysis as well as in therapeutic analysis. While the training analyst must recognize and overcome his own contribution to these problems, he can be guided by his very difficulties to discovering his analysand's unconscious conflicts and defences. The greater (factual) dependence of the analysand may lead the analysis more directly to deeper levels of the analysand's unconscious. This current reality may facilitate transference from earliest object relationships.

(6) A training analysis must often reach deeper levels and be more nearly complete than a therapeutic analysis.

(7) A further specific problem is presented by the training analysis: the training analyst has to decide on the criteria of mental health or illness in relation to the candidate's capacity for practising psychoanalysis, although the responsibility for the initial selection rests with the training committee.

Hoffer, Dr. Willi (London). 'Defensive Process and Defensive Organization; Their Place in Psycho-Analytic Technique.'

To achieve the reconciliation between (super-) ego and id the patient in treatment has to become acquainted with those defence mechanisms which he employed when fighting his conflicts of childhood and the anxieties arising from them. To reach these defences the hierarchical structure of the defensive organization may become a help or an obstacle. It will be a help when it is considered and handled as the necessary and constructive concomitant of the search backwards into the childhood history: it will be an obstacle when the analyst loses sight of the historical and developmental aspect of the defensive organization and treats it indiscriminately as if it were itself a pathological formation.

Jacobson, Dr. Edith (New York). 'On Psychotic Identification.'

The nature of psychotic in contradistinction to normal ego identification is defined. Two clinical examples are used for a comparison and meta-psychological discussion of manic-depressive and schizophrenic mechanisms of identification.

Jones, Dr. Ernest (London). 'Freud's Early Travels.'

The author quotes from Freud's correspondence descriptions of Gmunden and Brussels and then raises the question of what various motives were connected in Freud's mind with the idea of travelling.

Katan, Dr. Anny (Cleveland). 'Distortion of the Phallic Phase.'

'An observation made on a thirteen-month-old baby boy describes how the infant identifies his own penis with himself. This phase is considered as a normal transitory phenomenon. It can acquire an importance for later development under the influence of certain traumata. Under such conditions this equation of penis and body can draw a more than normal cathexis and can lead to distortions of the phallic phase. In this state the whole personality can be felt as the penis attached to another person.'

Three case examples of such distortions are presented.

Katan, Dr. Maurits (Cleveland). 'The Importance of the Non-Psychotic Part of the Personality in Schizophrenia.'

Examination of the transitory period in which the personality changes from a relatively normal to a schizophrenic one shows that the most important phenomenon of that period is the loss of the positive Oedipus complex. From then on, the weakened ego of the male patient tries to defend itself against the passive feminine urge. When the ego is no longer able to do this, the psychosis proper sets in (formation of hallucinations, delusions, catatonic symptoms, etc.).

Not the whole personality is involved in this psychotic development. A part of it, which changes in size all the time, is the direct continuation of the prepsychotic personality. This non- or parapsychotic part of the personality deals first with all stimuli coming from either the outer or the inner world. Only when the ego of the parapsychotic part is unable to defend itself does a psychotic reaction—which is an attempt at restitution—come to its aid, with the resulting formation of typical psychotic symptoms. An intricate relationship therefore exists between the non-psychotic and the psychotic part of the personality.

Kemper, Dr. Werner (Rio de Janeiro). 'Fundamental Principles of the Phenomenon of Counter-Transference.'

Transference phenomena are examined according to the following schema:

- I. Transference in general.
- II. Transference in the course of analysis
 - (a) Outside the analytic session.
 - (b) Inside the analytic session.
 - (1) Adequate to structure.
 - (2) Inadequate to structure; i.e. transference in the specific analytic sense.

The corresponding schema for counter-transference would be:

- I. Deliberate sequences promoting the analysis on the part of the analyst.
 - (a) Fundamental readiness to help.

- (b) Temporal identification.
- (c) Accepting of the patient's transference-determined projections.
- (d) Objectification by periodical retraction of (b) and (c) with a view to analytic clarification.

II. Unconscious sequences on the part of the analyst impairing the analysis.

- (a) Transference to the patient adequate to structure.
- (b) Projective transference inadequate to structure.
 - (1) To the patient.
 - (2) To the analytical situation in general or to special events within this situation.
- (c) The analyst's reactions of protest against frustrations imposed on him.

The above-mentioned sequences of counter-transference arising from the analyst's transference and from his reactions of protest against the permanent necessity of renunciation, though in general undesirable for the progress of an analysis, can nevertheless be made productive for the analysis if the analyst attains the inner freedom to make his human insufficiency, consciously and in a controlled way, serviceable. It is in this sense that the principles of the 'operation of counter-transference' are developed and substantiated. A control of counter-transference combined with the observance of the well-known rules for the 'operation of transference' leads to completion, deepening, and increasingly delicate differentiation of our analytical technique for the benefit and efficacy of our work.

Lacombe, Dr. Pierre (New York). 'The Problem of the Identical Twin as Reflected in a Masochistic Compulsion to Cheat.'

Being an identical twin made the patient, whose case is reported here, feel that he had been brought into the world split in two, as a half of a being, and therefore had been cheated. Hence his compulsion to cheat back, to take back what was taken from him in order to reconstitute his unity, his identity, his ego. Three particular mechanisms were used to that effect, each of which led to an obsessional neurosis with a masochistic character.

Analysis was the fourth solution, the successful one in which the double session used for a certain length of time meant symbolically a double share given to the patient making up for the half share received at birth. It permitted him the symbolic reconstitution of his mutilated unity, changing him psychologically from identical twin to non-identical one. Only then could he tackle victoriously his oedipal conflict. The hypothesis of an essential neurosis of the twin complicating the ordinary neurosis is raised.

Loewenstein, Dr. Rudolph M. (New York). 'Some Remarks on Defences and Their Place in Psycho-Analytic Technique.'

The development of ego psychology is reviewed

historically in a brief survey of the psycho-analytic literature. The various relationships between defence mechanisms, instinctual drives, superego and other ego functions are discussed in relationship with their rôle in psycho-analytic technique.

Menninger, Dr. Karl (Topeka). 'Regulatory Devices of the Ego Under Stress.'

In line with the present trend towards unification of scientific concepts in the direction of a general system theory, the principle of homeostasis, or steady state maintenance, is applied to psychological phenomena and psycho-analytic theory. The functions of the ego in receiving external and internal stimuli and in dealing with them for the best interests of the organism can be viewed as those of a homeostatic effector. The constructive and destructive drives of the organism are so directed and modified as to permit the maintenance of a level of tension which is both tolerable and conducive to safe, productive, and satisfying living and continued growth.

Events constantly occur which tend to disturb the adjustments and reconciliations achieved, and these stresses require the ego to improvise adaptive expedients for maintaining the integrity of the organism. Minor stresses are usually handled by relatively minor, 'normal', 'healthy' devices. Greater stresses or prolonged stress excite the ego to increasingly energetic and expensive activity in the interests of homeostatic maintenance.

In its effort to control dangerous impulses under such circumstances and thereby prevent or retard the disintegrative process which threatens, the ego initiates emergency regulatory devices which have gone by various names; symptoms, mechanisms, defences, etc. Empirically, they fall into five hierarchically arranged groups, representing increasingly greater degrees of failure in integration. The nature of these devices and the characteristics of each of the five orders is briefly described.

It is suggested that this approach provides a broader frame of reference for understanding mental illness and enables us to discard such vague, many-faceted traditional terms as 'neurosis' and 'psychosis' and nosological categories in general for more definite and precise designations of process and stage. It also helps to align psycho-analytic concepts with general organismic-biological theory.

Munro, Dr. Lois (London). 'Steps in Ego-Integration Observed in a Play-Analysis.'

Clinical material from the play-analysis of a boy of three years old is described. While the initial picture of his mental state was one of obsessional neurosis, there was gross disturbance of all his functions—sleeping, eating, and excreting. His general development was retarded and he could not form secure relationships with his parents. The underlying factors are discussed, notably the severe anxiety concerning his destructive impulses.

which led to the extensive use of splitting devices and projective mechanisms. The changes which took place during the analysis were shown in marked progress in ego-functioning.

The observations made lead to the consideration of:

(a) The consequences for mental and physical health of the personality inherent in split-off and, hence, unmitigated parts of the ego.

(b) The necessity for the integrative processes and development of the ego of the ability to internalize and identify with a whole object.

(c) The possibility play technique offers for analysing these fundamental causes of later mal-development in the young child, where the anxieties and defence mechanisms of the ego are more readily accessible.

Nacht, Dr. Sacha (Paris). 'Difficulties of Training Analysis in Relation to Therapeutic Analysis.'

Training analysis is usually thought to be identical with therapeutic analysis. The author believes that training analysis raises problems which differ greatly from those found in therapeutic analysis. The problems are mainly a result of the fact that the technique used in the two kinds of analyses is basically the same, while the conditions which precede, accompany, and follow training analysis are special. These conditions are such that the reactions of transference and countertransference are different from those which usually occur during a therapeutic analysis.

The particular characteristic of these reactions in training analysis is determined by the fact that the relationship between the analyst and the analysand is formed, or will sooner or later be formed, outside the analytic situation as well. Moreover, and this is the main point, during training analysis the analysand is in reality dependent upon his analyst, since his career depends upon the analyst's opinion. These conditions influence both the manifestations of resistance and the defensive reactions.

Nielsen, Dr. Nils (Copenhagen). 'Dynamics of Training Analysis.'

This paper emphasizes the need for suffering as a motor force in analysis, and the problem of its being less strong in training than in therapeutic analyses.

Payne, Dr. Sylvia (London). 'Concerning Defence Originating in Pre-genital Phases of Libidinal Development.'

Patients coming for psycho-analysis can be divided into three main groups according to the type of anxiety manifested: (i) Patients suffering from psycho-neurosis and character disorders in which manifest anxiety is not excessive, and who have had no previous psycho-therapeutic treatment. In these cases the interpretation of ego defences, as observed in the patients' associations and behaviour, follows the usual rules. (ii) Patients suffering from psycho-

neurosis with severe manifest anxiety or who have had some form of psycho-therapeutic treatment before. Here transference defences will require interpretation from the beginning of treatment. (iii) Borderline cases and those who have a remission from a psychotic episode. Here intense manifest anxiety is directed against the danger of a transference situation. This anxiety requires interpretation before further analysis can continue. One type of defence manifested by patients in this group is the use of persecutory anxiety as a defence against repressed cannibalistic phantasies. This defence is discussed in detail.

Peller, Mrs. Lili (New York). 'The Concept of Play and Ego Development.'

Functions of Play: Play an important tool in our psychic economy.

Danger and Play: Small quantities of anxiety and traumata are mastered in play. Too high anxiety extinguishes play. The ego uses play in dealing with the pressures exerted by the other systems and by reality. In play the claims of each system can be spelled out in symbolic actions and allusions with a minimum of danger and irreversible consequences.

Ego Maturation and Regression: In play the achievements of ego maturation can be temporarily suspended without risking their loss. 'Regression in the service of the ego.' Aggression and pregenital libido drives can be neutralized and re-routed in play. Some forms of play are a crude reality testing and as such the matrix of thought processes, reasoning.

Characteristics of Play: In all play a passive experience is turned into an active one. Repetition, rhythm, variations, 'feeling high' (*Spielrausch*), sense of mastery, characterize play. Prominent in all play are conscious and unconscious fantasies, imagery. Discussion of four basic 'formulas' permitting a grouping of play-activities. The media of play. Primary and secondary processes.

Human beings play far more than animals, not only because they learn more about reality and acquire a much wider range of reality-syntonic skills (Darwin, Gross stressed this aspect of play), but because the intra-psychic systems are more sharply defined and have more complex relations with one another.

Perestrello, Dr. Danilo (Rio de Janeiro). 'Head-ache and Primal Scene.'

This paper is a psycho-analytic investigation of headache. The difference between migraine and common headache is found to be due to a difference in intensity in conflict producing a wider range of physical involvement in the former. The latent content of the headache is in both instances the primal scene, which is felt almost as though it occurred within the head. The headache is in the last analysis related to the associated phantasies and the way in which the ego tries to elaborate this

situation. Only stimuli which specifically stimulate the repressed primal scene fantasies lead to headache. In the migraine attack, the sufferer acts much like the child in the scene with the parents during primal scene.

Rosenfeld, Dr. Herbert (London). 'Considerations regarding the Psycho-Analytic Approach to Acute and Chronic Schizophrenia.'

(A) Description of a psycho-analytic technique used for both chronic and acute schizophrenic patients.

(B) Some difficulties of management arising in the psycho-analytic treatment of acute schizophrenic patients.

(C) Discussion of the transference situation and the technique of interpretation in the psycho-analysis of schizophrenia.

(D) Discussion of some psychopathological concepts of schizophrenia and their relation to psycho-analytic therapy.

Scott, Dr. Clifford (London). 'A New Hypothesis Concerning the Relationship of Libidinal and Aggressive Instincts.'

This paper is based on clinical evidence obtained chiefly during the treatment of patients with manic-depressive illnesses. An historical review of hypotheses regarding the energy conception relationships to instincts is presented. Clinical material is then discussed concerning:

(1) The relationship of speed of oscillation of libidinal and aggressive discharges and the development of ambivalent and multivalent states with characteristic new affects—depression, enthusiasm, and guilt.

(2) Hypotheses of onset of aggression as an infantile 'catastrophic reaction' (Goldstein) which can be exploited.

(3) The relation of this hypothesis to interpretation.

Segal, Dr. Hanna (London). 'Schizoid Mechanisms Underlying Phobia Formation.'

Some clinical material is presented from a patient suffering from multiple severe phobias and anorexia. The purpose of the paper is to demonstrate certain schizoid mechanisms, particularly projective identification, and to show that these mechanisms influence materially the neurotic symptoms.

An analytical session is presented in detail to demonstrate the technical approach used to analyse psychotic phantasies and mechanisms in a neurotic patient.

Servadio, Dr. Emilio (Rome). 'Mental Reality and Objective Reality.'

Neurotics are 'afraid of ghosts'. Although to a lesser extent than psychotics, they live, as we know, in a world of *mental* (distorted) reality which is as effective and determining as the *objective* one.

However, what is 'objective' reality? Philosophically, all reality is mental, as no reality can be conceived except through mental operations. Where is then the difference between the mental reality of a neurotic and that of a normal person? The difference is due to the fact that the mental reality of a neurotic is largely short-circuited. Repressed or segregated mental reality cannot be affected and straightened by 'objective' agents because there is hardly any dialectic between the former and other perceptible realities. People that are usually in touch with neurotics cannot enact this dialectic, because their own (healthy or morbid) defences prevent a thorough mental contact between their reality and the subjects. These people are comparable to objects surrounded by isolating material. As such, they are not suitable to the establishment of a regular current between them and an electrically-charged object.

The analyst is (or should be) non-isolating. Rather paradoxically, he is at the same time a 'neutral' and an 'electricity-conducting' object. He represents, then, 'the Other' *par excellence*, the alternative object with which, finally, a bridge can be built, linking the neurotic to a world which is no longer that of his secluded mental reality, i.e. to a really 'objective' (even if basically mental) world. The end-result of the process is the establishment in the patient of a personality endowed with new and better defences. Again, like everybody, he will be fundamentally 'isolated', but, as normal people do, he will be living in a collective and acceptable reality.

Spitz, Dr. Rene (New York). 'The Rôle of Aggression in Establishing Object Relations.'

An elaboration of Hartmann-Kris-Loewenstein's concept on the internalization of the aggressive energy in the ego is attempted. The steps of differentiation in the development of the aggressive and libidinal drives, their functional differentiation, and the pre-ambivalent stage of object relations are described; they precede any sublimation of the aggressive drive. The acquisition of the reality principle is dated; the phenomenon of internalization of aggression is contrasted with turning aggression against the self. The function of aggression as carrier for the libidinal drive is discussed. The explanation of the defusion of the drives when turned against the self is attempted with the help of propositions formulated by Freud in the *Three Essays on the Theory of Sexuality* and in *Economic Problem of Masochism*.

Stengel, Dr. Erwin (London). 'A Re-Evaluation of Freud's Aphasia.'

Freud's book on the speech disorders caused by brain lesions has remained almost unknown beyond a small circle of experts, although it is of very considerable interest for students of neurology even now. However, it is of at least equal importance for psycho-analysts, as it contributes to an under-

standing of the origin of some fundamental psycho-analytical concepts and throws light on Freud's scientific orientation.

Waelder, Dr. Robert (Philadelphia). 'The Problem of Neurotic Anxiety.'

A brief introductory survey of the historical development and present state of the problem of neurotic anxiety: Freud's concept of actual-neurosis. The change in Freud's view of (psycho-) neurotic anxiety. His attempt at a unified theory (in *The Problem of Anxiety*, 1926). Critical comments on this theory.

A hypothesis about the nature and the conditions of neurotic anxiety is suggested. It is based on an idea of Freud's which has not been followed up.

Applications of this hypothesis to problems of psycho-analytic technique and education.

Weigert, Dr. Edith (Washington). 'Counter-Transference and Self-Analysis of the Psycho-Analyst.'

In recent papers on counter-transference the gain of insight into the patient's unconscious through observation and elucidation of counter-transference has been stressed. There is no full agreement about the definition. Transference reactions in which the analyst projects incompletely solved conflicts of his own past on to his patient have to be distinguished from counter-transference in a narrower sense where the analyst responds to the patient's transference mainly. Such counter-transference is experienced in two phases:

(1) Identification with the patient, empathy, introjection, accompanied by a broadening of ego boundaries (Federn); (2) swinging back of the analyst's libido to differentiation and objectivation, retraction on ego boundaries which allows correction of reality falsification.

Illustrations from supervisory experience demonstrate limits of therapeutic usefulness of counter-transference mostly due to anxieties or defences against anxiety in psycho-analysts, rigidity of ego boundaries, prejudices against the patient's pathology or over-flexibility of ego boundaries of the analyst, unconscious conspiracy with the patient on the basis of pregenital identification, avoidance of

frustrating reality factors which have their roots in the Oedipus conflict.

Winterstein, Dr. Alfred (Vienna). 'A Typical Dream Sensation and its Meaning.'

The typical sensation of *wondering* appears with great regularity in dreams where the dream-shaping material contains ideas about the differences of sex, about castration and similar subjects. This sensation seems to represent the infantile reaction upon the first perception of the genitals of the other sex. Among the many pertinent dreams I analysed I found also sporadically dreams where the sensation of being astonished is followed by a feeling of fright which awakens the dreamer. Supposition that the dream as guardian of the sleep tries if possible to suppress or to postpone the later feeling of anxiety (castration anxiety) connected with the above-mentioned ideas and that the dream would like to content itself with the less strong feeling of wondering, the precursor in the historical sequence, but wherein the dream sometimes fails. Examples of such dreams. Wondering as source of philosophizing.

Zetzel, Dr. Elizabeth R. (Boston). 'Reality Trauma and Reality Sense.'

This paper is a brief preliminary communication to focus some aspects of a general problem, namely, the relationship between real experiences and reality testing. Clinical material is presented illustrating the traumatic effects of real experiences occurring in the post-oedipal period in two groups of patients. This material suggests that such experiences may at the same time precipitate libidinal effects appropriate to the phase of development at which they occur. The theoretical implications of this hypothesis are briefly considered.

Zilboorg, Dr. Gregory (New York). 'Freud's Fundamental Psychiatric Orientation.'

Freud's position as regards psychiatry is viewed in its historical perspective. The fundamental psychiatric concepts as revealed in Freud's own writing are defined and compared with those of traditional psychiatric clinicians of his day from Charcot to Bleuler.

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Part 3

ANALYTIC SYNESTHESIOLOGY

ANALYTIC INTERPRETATION OF INTERSENSORY PERCEPTION¹

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Analytic treatment starts by instructing the patient to verbalize his thoughts and feelings indiscriminately. Only too often it is not sufficiently emphasized that this also includes any bodily sensations or sensory perceptions which may be observed during the session. That may explain why some analysts are surprised that they rarely hear spontaneous utterances of this kind from their patients, while others never miss them. This refers to postural attitudes and kinesthetic feelings as well as to auditory, visual, skin, and visceral sensations.

In previous papers (1, 2) I have called attention to postural behaviour during the analytic procedure as a preverbal expression of the unconscious, considering its manifestations as important signposts for the understanding of the psychodynamic setting. I termed this study 'Analytic Posturology'. These observations led to a more minute investigation of kinesthetic sensations and of other sensory perceptions preceding and accompanying the verbal associative material. For this research I propose the term: 'Analytic Synesthesiology'.

The psychological implications of psychosomatic processes can be fully understood only if the interaction of the sensory perceptions and their related psychic elements can be traced back to their earliest sources and shown as an entity. In the course of any neurosis there appears a certain configuration of sensory and intersensory perceptivity. We may say: if a psychic stimulus presses for discharge, the physiological process initiated by the stimulus that led to a sensory reaction continues the psychological process in another form. For

this reason, a continual realignment of the synesthetic systems takes place. This may be a reversible, or remain an irreversible, lack of equilibrium, depending on the psychodynamic constellation and on the final strength of the matured ego.

I have already pointed out in the past (3, 4, 5) that the establishment of an ego-governed instinctual-sensory pattern depends largely on how far the ego has decided to use certain sensory perceptions for its defences. The more these sensory functions were drawn into the protective mechanism during the development of the ego, the more indissolubly will this pattern be cemented into the personality structure. The ego keeps these regressive pathways wide open in case of a need for retreat, and uses the devices of repetition compulsion derived from biological functions as guides to safeguard its integrity.

In the course of analysis there appear changing sensitivities to the stimulation of all sensory perceptions, due to a lowering or heightening of the threshold of sensory perceptiveness within the psychodynamic setting. This is also caused by the ego behaviour in view of the demands of irreconcilable instinctual forces fighting for supremacy, among which the ego tries to mediate. The return of cathected and repressed sense perceptions often comes about during the analysis.

The meaning behind the sense perceptions: hearing, vision, touch, smell, (taste), is always overdetermined. Every sense perception is at first only a signal of the body's awareness. Originally, all were perceived as if they came

¹ Based on a paper read at the Dept. of Psychology, Clark University, Worcester, Mass., on 7 January, 1953,

and at the Boston Psychoanalytic Society, on 22 April, 1953.

from within; subject and object are one and the same. Therefore, the body is the only existing reality. The close cohesion of its parts and the need for keeping them together stabilizes the form and keeps the integrated parts static. With the first perception of a stimulus coming either from within or without, the symbolism starts as an attempt to retain or to regain the original form, to undo the loss of objects, and to return to the objectless earliest primitive perception of light as light, sound as sound, etc.

At this early stage, no outside objects exist; recognition of them is intimately connected with the threat of loss. The ego begins to use its sense perceptions to prevent loss by either symbolizing the objects, perceiving them in primitive ways, or by negating the existence of outside objects, making the world objectless. Berman (6), in a paper on perception and object relation in a patient with transvestist tendencies, states that more knowledge about primitive perception would facilitate the development of a psychology of symbols.

Owing to their libidinalized objectifications, sensory perception work both energistically and antagonistically. On different levels of development, sensory thresholds are differently charged and tuned up to each other. These sensory configurations at varying times, i.e. the inter-relationship of the sensitiveness of the different sensory perceptions, determine the feeling-tone towards the cathected object. Any change in emotional attitudes to objects depends upon these constellations and on the dominance of one or another sensory feeling within the total sensory awareness.

Sherrington (7) in his lectures *Man on his Nature*, found an appropriate expression for this from the physiological point of view. 'Each of us at any moment of the waking day is a whole bundle of acts simultaneously proceeding. In no case does any other of all the doings of the moment disturb the one focal doing. No other part of the pattern is allowed to be its keystone. Should it do so, then the pattern changes and the disturbing piece usually becomes the keystone of a new pattern, supplanting the previous. The keystone is the crown of the unified doing of the moment.'

'In the pattern of doing of the moment, the focal act has commonly a number of satellite acts contributory to it as the keystone of the pattern. A score of contributory acts of posture and of sensory adjustment secondarily

contribute to give speed, or steadiness, or precision to the focal act.'

'Signals convergent via many lines may in the centres coalesce and reinforce. It is in the centres, too, that there appears a process which quells excitement instead of evoking it.'

The embryologist expresses it similarly when he refers to the nucleus of a cell as the differentiator of that cell: 'Particular features of a cell may act back on the nucleus and determine to what extent that nucleus remains active. The nucleus, sometimes looked upon as the "absolute ruler" in a cell, now appears to be under the control of the very components which it controls' (Paul Weisz⁽⁸⁾).

This concept is somewhat close to Werner's (9) so-called sensory-tonic field of perception which defines perception as a total dynamic process that can be analysed into its contributory tonic and sensory factors. It takes into account Sherrington's experimental results according to which the tonic-activity is influenced by almost every sensory stimulation to which the organism is subjected, including proprioceptive, cutaneous, visual, and auditory stimuli. From this point of view Werner postulates that the available 'sensory-tonic' energy may either be released through body movement, or may express itself in perceptual displacement or apparent motion. As a dynamically oriented experimental psychologist, he even sees the possibility that 'a concept such as energy transformation which appears as a leading construct in psycho-analysis, may emerge and be shaped in a way that its validity can be tested by rigid experimental procedure'.

According to Sherrington, sense-organ very commonly does not involve sense or mind at all. 'It may or it may not be a gateway to the mind; it is always a gateway to the motor individual, and its injunction to that individual may be to move, or not to move.'

In other words, as I once stated, movements are metamorphosed sense perceptions (Deutsch, 10). Through them the ego executes the messages of the sense organs, directing them toward objects, or away from them. Within specific psychic strata, specific sense perceptions have a specific object cathexis. Abstract visual sensations may antagonize auditory ones because of their contrasting object cathexis. On the other hand, different shades of the same sense perceptions may belong to different objects. Freed from their object cathexis, these sense perceptions may appear as the unrecognized

repressed memories of a past experience. The reappearance of specific abstract sense perceptions is determined by the meaning of the object to which they belong. They are pre-verbal forerunners of the preconscious which the ego still holds in abeyance.

'The progress in the field of the conscious consists in deciding against the direct sense perception in favour of the so-called higher intellectual processes.' This remark by Freud in *Moses and Monotheism* was reaffirmed by Hendrick (11) when he wrote that the development of the special senses, and especially their discriminatory function, is an essential precursor of any true object relation. In this respect all object relations are based on the association of formerly abstract perceptual stimuli.

CASE I

A young male student in his early twenties, in treatment because of difficulties in his studies due to obsessional personality trends, several phobic features, latent homosexuality, blocked affects and strong intellectual defences, habitually fell into a reverie whenever he was threatened by the return of the repressed unconscious. This state was initiated by yawning and followed by an aura-like loss of visual acuity. When looking at a small, framed picture on the opposite wall, his vision became blurred, and he claimed he was *seeing double*. In earlier hours he had revealed that he had had a squint in his childhood; he later lost it, but had practised it again—as far as he could recall—from his fifth year on, whenever he feared a scolding from his mother or nurse. He always saw his mother—as well as the grandmother—as forbidden figures, while father was the complaisant, kind one. It was his father who kissed him good-night, he clearly remembered. But the introjected mother figure made very high demands which scared him, as he felt unable to live up to them. This undermined his active impulses, driving him into passivity and feminine identification on the one hand, while creating a painful envy and jealousy of male and female competitors on the other.

A strong ambivalent feeling toward both sexes made many defensive mechanisms necessary. His identification with a weak father figure came to an abrupt end in his pre-puberty when his father died of an intestinal ailment. He wavered between occasional hyperactivity without real productivity, accumulating in an obsessional manner as many data and facts as possible, but remaining *static* instead of using the tools of his knowledge. Envy towards those who were able to go ahead with much less justification than he, and a feeling of inadequacy, became the leading feature in his

relations to both sexes. During the analytical process, his indecision where to turn was expressed in *transitory, abstract intersensory perceptions* as significant determinants for the appearance of one or another cathected object in the preconscious.

By and large, abstract visual sensations indicated a turning to female objects in general, and mother images in particular. Auditory and olfactory sense perceptions were forerunners of bisexual images and passive leanings to either sex, while kinesthetic sensations led to objects of masculine identification.

The exchange and interchange of sensory perceptions due to the need for warding off overwhelming instinctual drives of one kind, revealed a pattern of behaviour which is encountered—at least in rudimentary form—in every analysis. *It represents the protective mechanism against anxiety.* In this case it took a specific form: once after a week-end interval in the analysis, which was then dealing with his strong passive feminine tendencies, he felt that his 'long' absence had blotted out everything.

He began to yawn heartily and spoke of a *raw feeling in his 'lung'* which he ascribed to excessive smoking. After a silence he lifted his left foot, which had been resting on the right, and mentioned a dull pain and *paresthesia* in the right foot. The picture on the wall seemed to *shake*. He listened to the noise of the radiator. After this disquietude of the intersensory equilibrium, he talked expansively about dissatisfaction with his work, and his low level of efficiency. He withdrew his left arm from under his neck because of a feeling of *numbness* spreading to his left leg. (Long silence.) A date with a girl over the week-end was mentioned as having been unsatisfactory. The room here reminded him of a box—Reich's Organ box came to his mind—he called it 'orgasm' box. It occurred to him that his younger sister had told him over the phone of her being pregnant. After a fleeting thought concerning a rifle, he recalled a story told by his nurse about the 'divining rod man' who with his rod kept away the subterranean witches.

Until the end of the session he continued with a report of his mother's reaction to his sister's pregnancy. During the hour on the following day he struggled with a dream dealing with a sickness of his sister, which the doctor of his childhood diagnosed as hopeless. In the dream there also appeared an older woman who was operated on but who recovered, supposedly from tuberculosis of an inner organ.

Recognizing the birth fantasies of his dream and the fear of death in child-birth, he recalled that his physician had once treated him for a thrombosis of the dorsal vein of his penis. His mother and grandmother had also been under the care of this doctor; he remembered several occasions when they were ill. After a long silence he was fighting off sleepiness. His vision became *blurred*; the *sunlight* on the

wall blinded him. He saw the picture in front of him double, and it turned into a man leaning over a wooden table and vomiting. Clearly he heard the splashing noise of the vomit falling on the table. *The pregnant woman turned into a pregnant man. The visual sensations gave way to auditory ones.* After a silence he asked whether the humming noise he heard came from my desk lamp.

This reverie of pregnancy fantasies was followed in the next hours by memories of his sister's birth, of his competition with her for their mother's love, and her competition with him in later years for masculine supremacy. He had shied away from athletic performances for fear of being hurt, particularly after injuring his finger in a ball game. To play tennis proved unsatisfactory, since he lacked the feeling for time-space-motion. Finally he ended up with golf, where the ball remains static before being hit. Always afraid 'to catch the ball even before it was thrown', he gave up before daring to try it out, or—as he put it—'I bury the child before it is born'.

A visual reverie of a woman in black, looking at him from a window, was followed by another in which the sunrays on the wall in the room turned into a butcher's shop where only a bloody knife on a shelf was clearly visible—but no meat. This led to circumcision and *anal birth fantasies*. Olfactory and auditory sense perceptions took the lead in the following days. He remembered his sexual excitement as a little boy when he put his nose to the bathing suit of his governess. That reminded him of a certain smell in the treatment room, of the odour of his sweaty feet, of that of fresh bread, and of a brewery which as a child he had visited with his father some time before he died of the intestinal ailment. He was reminded of enemas. Thinking of it he became attracted by the humming noise of the lamp in the room, and the clock on the desk. Finally, memories of the kitchen odour at his childhood home, the school odour and the smell of gunpowder led to early masturbatory guilt feelings. Their expression was preceded and then accompanied by *kinesthetic feelings* of reduced gravity, light-headedness, and sensations of being pulled backwards and upward.

Throughout the analysis of this patient, passive oral and anal instinctual urges lowered the threshold for olfactory and auditory stimuli, and led to sense perceptions in these spheres before they became object-related. Those objects were men or persons with masculine trends to whom he was sexually attached. It seemed as if the ego wanted to test its strength by exposing itself to these libidinalized abstract sensory stimuli during the analytic process, before facing the cathected objects to which they lead. This suggests that they are used as warn-

ing signals like pre-epileptic auras which sometimes—though focally and not exclusively unconsciously determined—lead to those explosive asynchronous manifestations of behaviour, as they fire at an unprepared ego sensitized to the specific sensation.

Those familiar with the analysis of epileptics may now confirm the observation that *the sensory aura either of an epileptic seizure, or of a petit mal, is the abstract sensory perception of a tabooed object or objects of the past*. The traumatic effect of the repressed memories of the primal scene is often enough expressed only in a hypersensitivity towards auditory stimuli. Sensitiveness to noise on the part of war veterans, which is frequently the only rudimentary element of a never-fully-developed war neurosis, has similar roots.

G. S. Klein (12) suggested that the perceptual organization is the counterpart of personality organization, and that any perceptual phenomenon can reflect successive levels of integration within a person. His assumption is that the prediction of a general behaviour pattern from perceptual behaviours will be even more exact when we come to be in a position to describe people in terms of perceptual syndromes.

Freud (13) in his posthumously published *Project for a Scientific Psychology*, mentions, in connexion with the origin of perception, that we become aware of the living objects around us by perception complexes which come forth from them, but which are fused with memories of similar perceptions of our own body. The memories of these sensations are associatively interlinked with reactive movements once experienced in oneself. Hence the objects are recognized perceptively through recollective mechanisms which are rooted in sensory perceptions of one's own body.

The poet and philosopher Sholem Asch in his book *What I Believe* (14) has a similar perception of the world: 'Whatever our senses are able to perceive must first have passed through the mould of Nature. Wherever it is otherwise, the material is turned back at the threshold of our perception. Experience and perception come to us through the medium of our senses. We have not been given a single proof that a thing really exists, as such, in Nature. For only when it activates our senses does it become a "thing". Whatever seeks to be received into the circle of our perception must first undergo a certain contraction and limitation so that it may adapt itself to our limited instruments of perception; it must take another form.'

'We give to things a form which corresponds to the measure of form which we carry within ourselves. We apprehend the gross material of things through our own gross sense functions—the more refined material, through the instincts.'

² In a book on *The Human Senses*, Frank A. Geldard very appropriately states that 'the highroad to the understanding of human nature is by way of an appre-

ciation of man's senses and of the fundamental role they play in the regulation of behaviour'.

We may assume that these recollective sensations originate from stimulation of any kind of sense perceptions when their threshold becomes lowered. The reactive movement is the response to the sensory signal of an instinctual feeling, and represents a turning to, or away from, the object (Deutsch (15)). Thus the inner perception of feeling is derived from a sensory perception which serves as a warning signal against a wish arising towards an object. The desired object is always closely connected with a series of sensory perceptions. This connexion has become repressed in the mind, but is continually re-awakened by sensory stimuli. Originally, sensory perception was directed towards the body only, and therefore *sensu strictiori* was without any object. That 'objectless' sensory perception then became libidinized. Gradually it spread over the objects, keeping them and their perceiver in continuous contact with past and present reality. At the same time, it is the mediator between the symbolized objects, so that one may say: sense becomes sensuality leading into the realm of the trans-sensory.

'Every moment of thought and feeling involves simultaneously the activation of a literal, an allegorical, and a dreamlike meaning of the symbolic representative of all the percepts and concepts relevant to that moment of psychic activity' (Kubie, 16).

As a rule, these libidinized sensory and meta-sensory perceptions are repressed. Their return in a visual reverie and its interchange with auditory reveries could be observed during an analytic session.

CASE II

Working through his feminine identifications, one patient regressed in the transference relationship to the oral-anal level, with reveries full of symbols. They appeared in colour images ranging over the whole spectrum. 'Now I am thinking of an *explosion*—I don't know why—like the sensation you get after staring at a *light bulb*. Now I seem to be thinking of how a light bulb is like an avocado cut in half with the seed, radiating light. Now it seems to be a bell pepper cut in half.' He continued with the visual images, the pepper becoming a crown studded with jewels of *blue* and *green*, then a throne of *gold* filigree. Then he could almost see someone materialize in it. 'Now it's gone and I seem to see tyre tracks in *white snow*. I think of a door, a *yellowish* brass nameplate on it. There is a wreath on the door and three electric candles. One is out, or *white*, while the two others are *red*.'

The only colour memory he had mentioned earlier in relation to people of his early past was the *green* woven cloth of a pad his aunt used for ironing. From the recent past he remembered in another dream an apple-*green* dress of his first wife. The day after the spectral dream he described a

little *red* car he had had as a child, and that of the boy across the street, which was *blue*.

His visual imagery during the analytic hour was interrupted when he began to shun the sunlight shining through the window. He began to listen to a *sound*. A word which might be Hebrew or Spanish, and which he might have learned from one of his teachers, came to his mind. Then he recalled *father's* violin—an instrument he could not play. He remembered a tune he had picked up on the piano after his father's death when he was three years old. Words of an old lullaby were evoked—something about 'baby sails across the sea—don't forget to come home to me'.

In the course of the analysis, his *auditory* sensory perceptions appeared more basically related to the *father* figure. The threshold for auditory stimuli became lowered and their perception sensitized whenever the visual perceptions symbolizing the mother figure became too enticing. Auditory and visual sense perceptions seemed to be tuned up to each other, indicators of the balance between his passive feminine ties with his father and those with his mother. His associations to these interchanging perceptions led to a memory of his puberty, when he heard someone in the locker room say that he was built like a woman. He finally stated in resignation, 'I wasn't a complete man'. This period of the analysis was highly charged with unconscious passive feminine wishes towards the analyst.

One might ask where these abstract sensory perceptions originate—physiologically. This brings to mind recent experimental studies of Penfold (17), who produced 'recollective hallucinations' by electric stimulation of the sensory cortex. 'They do not mediate organized memories of actual experiences, but only "phantom limbs", i.e., sensory echoes from previous extrasomatic and from intrasomatic experiences.'

My concept of objects is that they are a composite of very early cathected sense perceptions which were once formed into a body ego. Those sensory constellations became fused through partial identification with sensorily perceived parts of other objects qualified to represent the ideational image of a mother or father, woman or man. Earliest perceived objects with whom the most intensive, long-lasting sensorial contact occurred, will assume the meaning of a mother figure. Her loss, therefore, equals a body loss.

In different phases of development these constellations are hierarchically built up and differently grouped. Thus the instinctual stimulation of one sense perception may lead to the objectification of a mother or father figure, depending on the total sensory-psychic structure of the strata, and on what constituted the focal point of that time. But there is—as has been pointed out by Schilder (18)—no isolated sense impression; synesthesia is one

of the basic principles of perception.' Therefore, the specificity is determined structurally, and by the time level.

For the past thirty years Hornbostel (19) has been carrying out theoretical and experimental investigations on the so-called 'unity of the senses', the main outcome of which has been the idea of a common suprasensory factor known as 'brightness' in opposition to darkness. Its characteristics are shared by most high-pitched tones, 'loud' colours, penetrating but pleasant odours, or sharp, pointed tactual stimuli in contrast to dull, blunt surfaces. Furthermore, 'the simultaneous stimulation of different sense organs: auditory, olfactory, tactual, pain-sensitive, produced a similar influence upon visual acuity, i.e., synesthesia, which suggests that they have some properties in common.' By and large, it seemed that the faculty of perceiving bright and dark is a function common to the fields of the senses. However, 'to us, alas, sight and sound, inner and outer, mind and body, have fallen apart. What we knew as children, we now must grope for'.

Stimuli which excite the sensation of brightness not only affect all sense organs in the same manner, and are not only transmitted from the sense organs to the muscles and thence to the eyes, but induce a modification of the whole organism as a fundamental biological process. 'Intermodal' relations prevail between the single domains of all senses (Boernstein, 20). This means that there occurs a grouping and elaboration of various sensory impulses into a system of relation. When we speak of the body image, this always refers to its conceptual components (Schilder, 18); (Bender, 21); (Reitman, 22). If primitive instinctual drives become evident, the unity of the perceptual components is dissolved and the emphasis shifts from one sense-modality to another.

The breaking through of the unconscious leads over a threshold lowered for specific sensory perceptions into the preconscious. It is there arrested by the appearance of heightened stimuli from other sensory perceptions antagonistic to it. All these sensory stimuli are the abstract precursors of recollections of objects with which they are connected. These recollections remain repressed so long as the complexes of sensory stimuli belonging to the object can be kept below the threshold. Observations made on associative processes in analysis correspond with the results of psychological experiments on emotional selectivity in perception and reaction by Bruner and Postman (23), who assumed that with an increase in the emotionality of stimuli, perceptual defence and perceptual sensitization occur owing to the lowering of thresholds for stimulus objects of great personal relevance, or to the presence of 'dangerous' stimulus objects.

It is interesting that after the week-end intervals

in analysis, the analysand's feelings towards the analyst are very often expressed transitorily at the beginning of the analytic hour through non-verbal perceptual sensations due to the transference situation. The separation from the analyst leads to an intensification of the ambivalent infantile feelings towards the parental object image. Confrontation with the 'dangerous' object—the analyst—stirs up a primitive sensory reaction which will appear specifically in that sense organ which is associatively connected with the 'love-hate' object. It may be expressed in postural disquietude, in hypersensitivity to noise, light, or smell, or in a combination of these. Those intersensory perceptions are the preverbal expression of antagonizing instinctual impulses, deeply rooted in the unconscious. They have an established pattern and recur with regularity in specific situations which the ego cannot master otherwise.

CASE III

Several patients with strong passive tendencies and the personality pattern of a conversion hysteria habitually drifted off in the analytic session into a dreamy, fugue-like state which was accompanied by visceral sensations. Whenever repressed passive wishes threatened to become conscious, the patients responded with muscle movements. As soon as these appeared they tried to control them, stretching the body and wiggling the feet up and down, or merely twitching the eyelids. While doing this, their verbal associations emphasized existent masculine traits. At the same time, they intended to counteract unconscious feminine wishes.

A young male patient of this kind perceived them as sensations in his throat, as if he had caught a cold, or as the urge to move his bowels, or to pass urine. *Whenever the appearance of unconscious masculine sex drives become too threatening to the ego, the threshold for bodily sensations in the organs which represented his passive identifications became lowered, and vice versa.* This seemed a matter of psychic economy, or of supply and demand, continually expressed—more or less rudimentarily—in the shifting perceptual expressions, non-verbally, preverbally, or co-verbally during the associative process.

Once after a week-end interval in the analysis, this patient remarked on a *bad smell* in the room, and then remained silent for some time. Sticking the tip of his little finger into his ear, he loudly cleared his throat. Then he looked at some particles he had picked from his ear, spat into a Kleenex and inspected it thoughtfully. He mumbled that he would like to break wind, held his back, complained of a blocked nose, and remarked with some surprise that he had recently been using a very *odorous lotion* on his head.

Next morning he began with the statement that he had to be on his guard not to fall asleep. He

remarked that after the previous day's session he had *difficulty in focusing on objects*. This *blurred vision* persisted for some hours. During the rest of the day he was homesick for his *mother*—he said—with a gnawing, empty feeling in his stomach. In the evening, following a strange impulse, he had paid a visit to an older woman and had an irrelevant chat with her. Although he had been abstinent for some time, he could not resist smoking several cigarettes with great pleasure. When he came home at night, the spell was over. He thought of the last analytic hour and was very restless in bed, feeling now *cold*, now *hot*. His mind wandered in this feverish state from one figure to another. Only in the morning did he realize that he had been as if in a fog all the time.

This story may allow of further conclusions concerning intersensory reactions. If the elementary sensory reactions to light, sound, touch, etc., remained abstract, they would follow exclusively the physiological laws. In the course of the psychosomatic development, their perception becomes objectified until certain sensory stimuli evoke the whole past history of a specific object relationship. Thus the objectifications of sensory perceptions are serving as a feedback for the regulators of bodily functions.

CASE IV

A seventeen-year-old youngster working through his infantile aggressive feelings of hate towards his domineering mother, with whom he identified himself, opened the hour after some days of interruption in the analysis with a long-lasting silence. It was known from the preceding hours how guilt-ridden he felt. He then remarked that he had sensations of *light spots* and a premonition of unpleasant events. These non-verbal visual sensations made him think of punishment.

A memory of his early childhood entered his mind: he was lying in bed, counting flickering spots of sunlight that came and went. Whenever these light spots appeared, he fearfully thought of his mother's punishment for having played with matches. His pleasure in lighting matches came to his mind. He associated that cigarettes burn holes. Holes are dark. The light spots vanished. He became distracted by the *noise* of the radiator and by the rumblings of his stomach, which he called 'gastric cramps'. Revengeful wishes of his childhood against his despotic mother appeared, together with a desire to get even with her. The irritation caused by the rumbling *noises* of his stomach increased. His hands, placed under his head, began to *tingle*. He associated dirt, dirty hands, his handwashing compunction, and his phobia of *touching* doorknobs.

The intersensory perceptions of this youngster obviously revolved around visual, auditory, and kinesthetic sensations on the one hand, and the

change within one sensory sphere between opposites such as light and dark, silence and noise, on the other. In the associative process these abstract sense perceptions reveal the instinctual origin of these objectifications.

Another session started with a long silence followed by over-sensitiveness to sounds and *noises* in and outside the room. He referred to his stomach rumblings of the previous hour, associating to his sensitivity to *light* the fact that he sleeps with the blinds down, keeping out any rays of light. It is as if the 'mother' stimulus must not disturb his sleep, because it means punishment. But keeping out light leads to sensitivity to *noise* with noisy bowel activity. It might even start when he smokes.

His associations turned to his *father*. From now on, all sensory sensations ceased during the hour. On the following days abundant and pleasant memories of his prepuberty, related to his father, were produced. He remembered many occasions of trips with his father, and his alliance with him against his mother. To the interpretation that he apparently wanted father's love, he reacted with uneasiness. Next day he reported that as a result of my remarks he had awakened that morning from a dream with a severe headache. He still suffered from it, and was seeing flickering *light spots*. He understood them as meaning the anticipation of punishment by mother. He remained silent. After a while he told the story of an insane man who claimed he could bring the *sun* to a standstill. Then he remembered another dream: it was an eclipse of the sun and the world was in *darkness*. The whole family was afraid. But now the sun was again shining brightly; it was very *hot* and the leaves began to grow. There was no longer any danger of famine.

He associated to darkness his childish fear of being alone in a dark room, and that afterwards his ears and face always begin to burn and to become *red*, as if he were *blushing*. In the darkness he felt lonely and *cold*. However, the sun is unpredictable. The *sun warms* one up, but it can also *burn*—can give too much *light*. *Light spots* reappeared. To his mother he associated the Catholic Church, remarking that the Church makes strangers out of people who should live together. To the Catholic Church he also associated birth control, and he indulged in new recriminations against his mother.

Observations of this kind suggest that the fusion between sensory perceptions and living objects occurs at an early period of life. This fusion determines to a certain extent the sensitiveness to the threshold for sensory stimuli.

DISCUSSION

By and large, our concept of objects stems from the ego's faculty of manipulating sense perceptions in the earliest cognition of objects,

and of forming a sensory configuration which becomes specific for certain objects, as for instance the parental figures. In the analytic process these representations of the object-world of the patient become destructuralized and derealized, with a goal of synthesizing them again into a new form which the ego can accept (Deutsch, 24).

The supply of pregenital demands in this new form through the treatment can be brought into agreement with the genital demands and with reality. When these demands become too great, and when the ego has already used up too many organ systems in its defence, it usually tries to re-establish its equilibrium by calling upon those sensory organs which may sustain the homeostasis on a higher level of development, or which may have served for the gratification of polar demands. The physicist Robert Bridges says truly, 'Our stability is but balance'. The ego rejects the offer by rendering the sense perceptions involved hyper- or hypo-sensitive, and hyper- or hypo-functioning, respectively.

The fluctuations of the threshold of sensory perceptions become mitigated and stabilized during analytic treatment, their intermodal, intersensory relations re-adjusted, their repression lifted. Thus the ego can distribute them more equally for new objectifications after they become freed from their cathexis and from their inhibited use. It seems as if the

recall of repressed key memories and the therapeutic insight were passing through an intermediary state of abstract sensory perceptions. A patient after treatment should be able to say: 'Now I can hear, see, smell, feel, and move as I please.'

SUMMARY

The observations presented above seem to prove that the threshold of sensory perceptivity is a mirror of the instinctual equilibrium, and that a close study of abstract reactive sensory behaviour can provide the analyst with indications for the patient's development of early object relationships. In brief, what has been reported here constitutes a recommendation for analytic research into preverbal expressions of the unconscious or preconscious during the analytic procedure. The appearance of certain inter-sensory forms of behaviour is a precursory expression of the conflictive relationship to certain objects of the past. These preverbal sensory expressions disappear when the corresponding instinctual conflicts are settled.

Dissolution of the patterned sensory complex is an essential purpose of psycho-analytic therapy. Therefore, the scrutiny of the changes in sensory behaviour can be used for the evaluation of the therapeutic process, of its result, and—when we are engaged in therapy—as an adjuvant to know why we do what we are doing.

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OBJECT-RELATION CHANGES IN THE ANALYSIS OF A FETISHIST¹

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Recent work on fetishism (Payne 1939, Gillespie 1940 and 1952, Wulff 1946) has sought to clarify the meaning of fetishism in terms of early object relations. In writing about the analysis of a fetishist I have chosen to focus on the changes in object relations which took place during the analysis and especially in its closing phases. I shall try to show something of the interplay of the analytic relationship, and how changes there produced movement towards a gradual reordering of the patient's inner world and of his attitudes to people. The emphasis will therefore be not on the fetishism as such but on the character disorder behind it. Indeed, it is now my conviction that in all sexual perversion what matters most is the turning away from the primary object, and that what most helped my patient to discard his fetish was not interpretations bearing directly on the fetish but work on his intense paranoid and depressive anxieties (the former open, the latter concealed). These anxieties had origin in his early relations with his mother, impeded relationships with women throughout life, and ultimately became the focal point of his analytic relationship with me.²

My patient came to analysis wishing to free himself from the anxieties surrounding his mackintosh fetishism and seeking help 'to live a normal life'. The work was brought to an end after five and a half years and approximately 900 sessions.

He came for treatment at the age of thirty-one, a schoolmaster, an only child, single, living alone with his parents. They came from Scottish artisan families. His father was a true craftsman and latterly manager of a workshop; but his mother, formerly a dressmaker, was socially ambitious and determined that her son should not 'work with his hands'. The patient was sent to a private day-school, from

which he obtained a scholarship to a grammar school. To be top of the class was the key to maternal approval. He worked hard and eventually obtained a university scholarship and a first-class honours degree.

But at thirty-one he was leading a very restricted life. All social relationships were a source of embarrassment to him. His work relationships as a teacher were tolerable only in so far as they were defined and controlled. Protected by the formalities of the 'teacher-pupil relationship' he could teach, but end-of-term parties were a nightmare to him. He was afraid of the headmaster but sought his approval. Colleagues were thought of, quite consciously, as dangerous rivals, while subordinates presented so acute a threat that he always tried to avoid having one. The arrival of a new trainee in his own department was always an occasion of crisis. His work embodied a delicate balance of neurotic satisfactions and neurotic anxieties; it was competent but rigid.

He had few friends, no general interests. He liked eating but felt guilty about it. He also enjoyed defaecating. Apart from these two pleasures, a satisfactory evening was one spent idly by the fire, grumbling inwardly. With his parents he lived in a bickering deadlock. His overt relation with his mother was one of mutual exploitation: he supported her against the father; she waited on him hand and foot. He was a vegetarian, a pacifist, and in war-time a conscientious objector.

There had been in his life perhaps half a dozen inhibited friendships with girls, pseudo-platonic and mutually frustrating. On the one occasion when, at twenty-four, these inhibitions appeared likely to be broken down, his parents interfered and he accepted their interference.

In appearance he was plump, open-faced,

¹ Awarded the Clinical Essay Prize of the Institute of Psycho-Analysis, London, for 1953.

² I wish to tender grateful acknowledgements to Dr. Clifford Scott, who supervised the first three years of

the analysis, and to Mrs. Klein, in whose seminars this case was most fruitfully discussed on several occasions. The later phases of the analysis were carried out independently, as was the writing of this paper.

almost cherubic; but his appearance was deceptive, since it concealed massive hostility and a troubled mental life. What it revealed was his wish to go on being the baby. Indeed, it soon emerged that he thought of himself as a little boy and resented the expectation of the external world that he should accept adult responsibilities. He would do so only for infantile reasons—to placate the grown-ups and win their approval. He consciously wanted them all, parents, headmaster, analyst, and strangers—to make a fuss of him and single him out for special commendation.

Though the infancy continuing in the present was manifest from the outset, accounts of his actual childhood emerged slowly. From time to time he would fish for information from his mother. She told him that he was conceived before they were ready for a child, in wartime, when they were very hard up; that he was breast-fed for eleven months and then weaned abruptly with bitter aloes. From that time on he rejected milk. He was said to have been a lazy feeder. Vague and frightening memories clustered round his circumcision at two and a half, advised on account of some difficulty in passing urine. As the first grandchild on either side of the family, he received much attention, and teasing, from grandparents, uncles, and aunts. In confirmation of his memories his mother admitted having controlled him with threats—threats to go away and leave him, threats not to love him any more, threats to have another little boy who would be better than he was. He remembered scenes of this sort. They would end in panic, capitulation, and tears, leading to a superficial reconciliation, but always with a residual undercurrent of hostility on both sides.

The story she told him of her own childhood was an unhappy one, marred by harsh and troubled relationships with both her parents and considerable hostility towards the younger siblings whom she had to look after. Very bitterly she remembered being thrashed for dropping the baby—her only brother. Her courtship by the patient's father proceeded under the restrictive and threatening vigilance of two rigidly respectable working-class families. She married to get away from home and was doubtful about wanting children. Her marriage became a struggle for dominance which she finally won. In middle age she was volubly domineering, efficient and meticulous, prudish and house-proud. Neither husband

nor son must set foot on her floors without changing into slippers. She fed them well and controlled them.

The father emerged as an irritable, taciturn, but long-suffering man, who only occasionally exploded; partly accepting his wife's depreciatory view of himself; disappointed, but secretly proud of his humble origins and manual skills; contemptuous of his wife's pretensions. He would consent to leave behind the old house in a row for a new one in a suburb, but he would not leave behind his Scottish accent, his delight in crude humour or his pungent turn of phrase. His own tyrannical father had been 'as proud as a dog with two cocks' and so, more secretly, was he. His defiance of his own strict mother, of his wife and of the world was epitomized in another of his phrases—'shouting shit up a short entry'. Womankind and genitality were defied with mouth and anus, and all his spare energy was devoted to his garden.

During his childhood the patient had sometimes turned to his father, in transient efforts to appease and seduce him at his own anal level. Thus, he recalled sharing a bed with father and maternal grandfather together, at age six or seven, amusing them both with comagative farts, and being told, 'Give us a whistle, kid!' when they reached for the chamber-pot. They laughed and joked, but his was precarious laughter. For their tolerance was felt to stop short of genital matters. Though his father took pride in never having 'put the fear of God into him', the patient was afraid of his big hands and big penis and wilted under mockery and castration threats against his own little 'winkie'. His fears of castration were acute.

Such were the parents whom he introjected and unconsciously brought to analysis. Another important person was Aunt Bella, his mother's next younger (and prettier) sister. She lived next door with her parents, until the patient was nine, and then came to live with his family. He remembered her as a teasing young woman who exploited her young men. In his earliest years the patient had slept between his parents. Then for some years he slept alone. Now, by mutual consent, he shared a bed with his aunt, until he was twelve. He liked her to touch and stroke him but was often rude to her when visitors came. On one occasion he had an emission while the whole family was sitting round the fire and Aunt Bella was casually stroking his bare knees.

It was her blue mackintosh which became his first fixed fetishistic object. He was then thirteen. Having to deny the erotic attraction she exerted, he took her mackintosh as a substitute. After what might be described as a period of courtship, he learned to masturbate with it. But macks had attracted him long before this. He remembered as a small child being reproved by his mother for burying his face in a visitor's mackintosh. Later on he enjoyed having one put over his head in games with other children. Now, in adolescence, he began by burying his face in his aunt's. Sometimes he used to lick it, but that was unpleasant as it did not taste nice. The problem was how to show his feelings for it, how to express his worship. Smell was important, and so was touch; he liked the cool smoothness of its rubber lining. Sometimes he would stand naked inside it or lie naked with it over his body and head. A special excitement was added if he could obtain a feeling of suffocation. Later, other women's mackintoshes would do, if they came to hand easily, but there was always a prohibition on his mother's. When none was available he would masturbate with the memory of one seen during the day, and the fantasy, 'She's got me! I've got to yield.' To attract him, the outside must be smooth and shiny, self-coloured rather than patterned, and free from blemishes of any kind.

At different times, associations to mackintosh material led him back to the anaesthetic mask on the occasion of his circumcision; to his aunt's rubber apron; to his mother's sweaty smell, and the suffocating impact of the breast itself. This was one unconscious meaning of the word 'overwhelming', which he frequently applied to his mother. The mackintosh offered links with infantile ecstasy and with olfactory incorporation of the mother: 'The smell of a mac is so good it goes right down inside me, into my entrails.'

Sometimes what he did to the mackintosh was felt to defile it, and the garment could be seen to afford a protection to the real object. But the most prominent and persistent theme was contained in the following statement: 'The difference between a mackintosh and a woman is this—the mac has no power over me and can't hit back. Being inanimate, it can't withdraw its affection. . . . It can't do anything to you, can't hit you or scold you or control you; instead it can be controlled.'

Having found his mother's love expensive to obtain, he developed techniques for doing without it. He conformed and he exploited. As the analysis got under way that conformity began to break down. He reported an incident in which he had suddenly challenged her. She had replied: 'Now don't start being rude to me, because I won't stand it: it may be all right with your father, because he's a bully by nature, but if you try it on me you'll soon regret losing the best friend you ever had.' He thought, 'This is what you've always done to me, but it doesn't work any more.' Resentment of the power which he felt women, and especially his mother, sought to exercise over him, filled session after session. His relationship with his mother was permeated by a feeling of injury which he termed 'the Grudge'.

As the analysis went on, he tried to give up both his passive attitudes and his fetishism. This brought him face to face with his terror of real women, whom he regarded as predatory and persecuting, and of their genitals, and of the babies which they might conceive, which would rob him of their affection, which he still needed desperately and exclusively like a very young child. At this stage the only satisfactory intercourse he could imagine for himself would be with the corpse of a woman he himself had murdered. That would be his revenge—his triumph in place of theirs. He imagined it with his mother. She would be dead, like a mackintosh, and so could not laugh at him or abandon him; the act would give her no pleasure (that was essential); he would use his penis like a sword to gouge her inside out; above all there would be no baby to rival and displace him. He hated babies and often imagined destroying them. He would rage and shout as he spoke of these things and sometimes it seemed that only a fit would discharge the emotion he was trying to express.

From time to time the patient was appalled at the extent and intensity of his hostility now made manifest. Meanwhile, he tried to preserve me from involvement in his attacks, making me the repository of the good qualities denied in his mother and strongly resisting every interpretation of the hidden negative elements of the transference. There was, however, much testing out of my capacity to tolerate his badness. He did not intend to change because, 'Unless people are prepared to love me as I am, their love's not worth having, and they can go to hell for all I care.'

After two years of analysis the patient met a girl who proved, for reasons of her own, ready to love him as he was, even when he told her of his sexual difficulties. He found her sensitive and tolerant, 'a quiet girl with beautiful eyes and a soft voice'. Hilda seemed to him the opposite of his mother. She profited from his emerging guilt, becoming at times the good mother and at times the unborn sister, to whom reparation could be made. But he got more satisfaction from being loved than from loving. His love was infantile in character, and throughout their twelve months' courtship he still experienced, intermittently, upsurings of irrational hostility and hate. In mutual masturbation he was afraid of her genital, afraid of his semen coming near her. The changes wrought in her by sexual excitement repelled him; he could not bear her to become 'just like a wild thing'.

Throughout the third year of analysis much work was done on these and other related anxieties. In more ways than one, Hilda replaced the mackintosh, though macks remained attractive to him when she was absent. But his marriage, at the end of this time, was still premature and neurotic in character. I could not but feel profoundly uneasy about it. To the patient, as to his parents before him, marriage was partly an escape. The wedding ceremony would represent, as he said, 'a formal and legal break from my mother.' When they married on 1st April, he proved impotent. The 'April fools' included the patient, his wife, his parents and his analyst.

During the honeymoon, in desperation and misery, he bought a mackintosh for his wife, but even that made no difference: 'She had the effect of neutralizing it, just like my mother.' Everything was disappointing. 'Hilda undressing was just Aunt Bella undressing; getting into bed with her was just creeping into bed with Mum.' The only thing that helped was when they fought a little, 'like boys'. Then he was able to penetrate the hymen; but he feared to penetrate deeply and wanted to get out as soon as possible. Whether he refrained from these attempts or persisted, she became, on one level, more and more identified with the threatening aspects of his mother. On another, he resented the very opposite of this—her dependence and unphallic femininity.

In his imagination, what he wanted at this time (on his return from his honeymoon) was not the warm Hilda, but a cool, aloof woman, who would stimulate him without herself

becoming excited, and say, as he lay on his back, 'I know what little boys like!' It became clear that this imaginary, phallic woman, who usually appeared in a mackintosh, represented Aunt Bella, and ultimately the apron-clad mother of his infancy attending to his toilet, amongst a mixture of interesting smells. In the background there was felt to be a father, who would not grudge him these infantile pleasures so long as he did not grow up.

It was some such safe retreat into infancy that he now increasingly sought in the analysis, which he wanted to go on for ever. I was to be this phallic mother who would caress, excite, and protect him. Alternatively, I was to be a seducing male, with whom he could find refuge in homosexuality. But these and other defences proved untenable. They could not save him from rapidly mounting persecutory anxiety. There followed a chaotic period of about three months, during which he fled from one position to another with great rapidity. It was difficult for me, with very limited skills, to follow and deal with the material quickly enough.

His fears of intercourse emerged in great profusion and at all levels. In genital terms: no drop of fluid from his penis must go anywhere near Hilda—it would produce a son who would inevitably destroy him. In phallic terms: he was afraid of his penis touching a baby inside and of what it might do to the baby. In anal terms: Hilda's inside was a horrible place—a mass of shit (a projection of his own 'rotteness' and a product of his own attacks). In oral terms: the vagina was a hungry mouth with teeth and would bite his penis off (a projection of his own biting impulses). But the more he avoided intercourse the more did his wife become identified with the feared, attacked genital-mother. He tried to use me, as father, to control her, in a revived infantile masturbation fantasy. He said, 'I wish you'd come home with me and fuck her, put your penis right through her and skewer her once and for all.' I said this was what he had wanted his father to do to his mother—then there would be no more babies and no more dangerous, threatening genital: it was for this, amongst other things, that he felt himself punished by his circumcision. When this control failed, he resorted to a more primitive one—an infantile outburst of screaming. His early inhibition of biting was now swept aside, and the impulse to strangle his wife was at times more than a fantasy.

Meanwhile he was talking of separation or

divorce and attacking me for not preventing the marriage, not giving him potency, and not being myself the ideal breast-mother. His attacks were similarly varied, but predominantly biting and castrating. 'You're only a bloody student anyway!' Then in a moment he would feel guilty and afraid. He complained of feeling that there was a vulture inside him, tearing everything to bits. I said this was the return of his own vulture impulses: the attacked mother and analyst were now in him.

After a dream of eating, he wanted to eat his wife's vulva, eat his way in and devour the imagined baby. That would be the best way of getting rid of it—chewing it up and converting it into shit. That was what he had wanted to do to his mother, he supposed—to eat his way into her—to eat off the good parts, the breasts, and get rid of the rest of her, the horrible part which went off and mucked about with his father. It had always seemed incongruous that anyone as horrible as his mother should have anything so attractive as breasts. (It would be difficult to imagine a more complete split between the breast-mother and the genital-mother.)

He controlled these impulses by eating enormously. 'When I get annoyed with the kids at school, the only thing that brings relief is a good meal—eating them I suppose—perhaps that's why I'm a vegetarian.' I tried to show him how all these bitten-up and eaten people had become the source of all the tormenting feelings inside—the mass of shit and the dead rats, which he referred to. He said, 'That's why I so hate to be constipated.'

In the same session he spoke of his semen: 'Sixteen million sperms per cubic centimetre, and every one malevolent.' No matter what precautions he took, one would get through to make his life a hell. Here was the quintessence of persecution. His sperms contained his impulses. He contained them and they threatened him. As Mrs. Klein would say, his sadistic and cannibalistic desires were expressed by his parts and by his products.

Clearly, there was here too a belief in a fabulous potency, enormously destructive. His impotence was, in part at least, self-disarming, for the protection of his objects. This was confirmed by his thoughts of self-emasculation, which he believed would make him gentle and give him a smooth skin: 'The bristling part of a man is the fierce, aggressive part'. Further confirmation came when this line of interpretation eventually proved effective.

In the autumn his fears were intensified by two events. A friend became neurotically ill, and the impulse to tell him of the clinic was checked by a fear that this man would come to me and so displace him. Secondly, inspectors of education were to visit his school and he felt a desperate need to win their total commendation: 'I've got to be the best, the admired one: anything else is intolerable.' He hated the people in the newspapers and even the authors studied by his pupils, because they got so much attention: 'Who's bloody Shakespeare, anyway?' His greed and envy were projected: everyone was out to rob him and triumph over him. The split and projection were uncovered. After a particularly intense persecutory outburst, I said that he was evading guilt and despair by putting into other people all his own hostile and robbing impulses, making himself the victim, and then using that situation to justify still further demands on everybody, and especially on me. All this was to fend off the fear of feeling utterly unlovable. It was because he felt so bad that the idea of any new patient coming to the clinic carried with it the certainty of total deprivation. This was the desperate fear aroused long ago by the thought of his mother's unborn babies.

He came to the next session wanting to vomit. I interpreted his wish to get rid of his hate and of 'the Grudge'. He made further attempts to justify it—people were hostile and excluded him: that was what made analysis so satisfactory—analysis excluded all the others. I interpreted his wish to repeat endlessly with me the almost exclusive relation he had once had with his mother; his unwillingness ever to relinquish analysis contained all his reluctance to share her. He said, 'The trouble is I've nothing to share, nothing to give except badness. I have to admit I went home quite humbled last night.' I said this was a tremendous admission. He said he could admit things to himself at times, but not to me. I said this was because he unconsciously thought of me as hostile, and again interpreted the projection. He said, 'Damn you for making me feel sad! It's so much easier to feel angry.' I said that was always his solution, to replace sadness by anger. He said, 'It's the only one I know, and it's safe.' I pointed out his denial of the cost: anger was wholly destructive; with sadness there was some possibility of putting things right.

This session seemed to be a turning point in the analysis. Soon he had new thoughts about having a son. Part of him would like to, and

sometimes he could believe it would be safe to do so. He became able to let people hold opposing views without feeling threatened and hostile; he could allow them to be themselves. He felt more comfortable in not feeling full of hate. I said the comfort came partly from relief at not having to fear and guard against retaliation; being no longer afraid he felt less need to control. He said, 'Simply not to hurt anyone seems the important thing just now: not to hurt you or Hilda.' His relationship with her began to soften. 'I used to make infinite demands on people, to see how much I could get out of them; but when I know they like me it ceases to be fun.' I related this to his demands on me and to the end of the analysis: it meant that he could begin to think of it as a completion and not as a rejection. He said, 'I've come over, I'm on your side; but I don't feel happy about it, just empty. I want to go away and weep.' I asked why he could not weep here. He answered, 'Fear you would laugh, I suppose.' I said that he still saw me as a potentially hostile, mocking person. The retreat to persecution could take place in a second.

This was but the beginning of a long-to-and-fro struggle on this theme, which dominated the remaining 2½ years of the analysis. He slipped back many times and presented many difficulties, but he never again became so severely ill as he had been in the months which followed his marriage.

One night, after moving into a new flat, he found himself singing to his wife in bed. After many songs he came to a lullaby which he suddenly recognized as one sung to him as a child by his father. He wept profusely and could feel that his father had loved him and that he had loved his father. These were adult tears and meant a coming to life of feeling for another person, with mourning for loss and grief for injury done. At the same time he had become able to identify with the father and love the baby, whom his wife for the moment represented.

This led to the theme of depriving his parents of children and me of other patients and other patients of me. The proposal to reduce from five sessions to four aroused deep resentment, and for the first time the idea that the analysis might end became real to the patient. The analyst became more directly the depriving mother: 'You've become bad—this is bitter aloes.' He sought for substitute satisfactions: he might take a Ph.D. and have a professor to

supervise him; or he might cultivate some hobby—'People are worthless but things can't let you down.' He recognized that this was the fetish reaction over again. He thought I had been careful to wait till he had lost his interest in macintoshes, but he could revive it.

Depression emerged spontaneously now. A moth on a coat was himself eating me. He feared that he was making Hilda old: either his semen had poisoned her or he had not given her enough. 'The dilemma between starving and poisoning was related back to the analysis. He began to look forward to a perfect intercourse with his wife in which they would have simultaneous orgasms and deliberately conceive a baby. Then it could be good.' Intercourse did indeed become physically more successful about a year after their marriage, but there was guilt about hostile fantasies, in which he thought of himself as a torturing machine. Orgasm was meant to be the death of Hilda and he felt almost humiliated when she liked it, but he also felt relieved.

There was an oscillation between splitting and unifying his objects. Fantasies of promiscuity emerged for the first time and were symbolized in blushing whenever another woman's name was mentioned in the presence of his wife. Tormenting Hilda in this way meant punishing his mother for going off with father. He was aware of rapidly alternating attitudes: one minute he would want to copulate with the woman and kill her; the next he would want to be the little boy, 'getting something from the woman on the side' (i.e. from the breast) while she got what she wanted from some more powerful man.

The most difficult feature of the last two years of the analysis was an attempt by the patient to organize a permanent *status quo*, centred on the analysis, which he tried to turn into a symbolic gratification of all his infantile needs and wishes. He thought, 'I could lie here for ever'. I said he was announcing his intention to keep and control me for ever and not let the analysis affect him. He said that to modify his behaviour in the slightest degree meant giving way to his mother; yet behind all his hatred of women there was a wish to love them very much. I interpreted the violent greed of that love, and its vicissitudes, in detail, and the intensity of his need to control and dominate those he loved, absolutely. He said, 'I suppose my mother's love for me was like that.' The analytic relationship at this time showed many of the

features described so sensitively by Mrs. Riviere in her paper, 'On the Negative Therapeutic Reaction'. Thus, progress would be concealed, as when he casually mentioned eating meat weeks after the change had taken place. Successful intercourse was concealed, or even avoided, lest I should send him away as cured or as too dangerous a rival. What he most feared was the destructive and devouring quality of his love. Analysis must be resisted lest it lead him to rape and murder. It was safer to remain a child.

When I was going on holiday, early in the fifth year, he killed me off in his thoughts and then complained of feeling empty. I said that this was the penalty of all this killing off: he was left with nothing good inside. He said, 'That's why I'm never able to go back to old places and old people—they're too much like ghosts.' All his objects were dead, and the task of restoring them would be beyond his powers. The education inspectors reported that his contribution was outstanding, but to the patient this was a mockery: they did not know what was going on inside. It was my 'inspection' and his own that mattered to him now.

By the end of the year he was able to have intercourse which was violent but loving and free from sadistic fantasies; for the first time he could describe it as 'really satisfying' to both of them. He was able to discard contraception, really wanting a child. I am baffled by the task of describing briefly how these changes took place. Obviously they involved a re-evaluation of his wife, whose sexuality became more acceptable, a re-evaluation of his penis and semen and of his own capacity to give, a recognition that love could be violent without being destructive, and a reduction of his fear of rival babies. Hitherto, breasts had been the only source of anything good, infinitely tantalizing and always withheld from him. Only breasts were attractive, not vaginas; without breasts he had nothing to give; his penis was not good, it was only a weapon of attack. Now his tremendous envy of all feminine parts and reproductive function became fully conscious. But not less important than the work specific to these themes was the continued work on his paranoid defence. It was this that enabled him, I think, to make a beginning of loving. The patient felt, and said, that change would involve intolerable risks—risks of liking people instead of hating them. Then he would want them and not be

able to have them, and then he would have to find new reasons for hating them. I said that 'wanting' here meant wanting exclusively, at once, all the time, without limit; and sooner than give up anyone he wanted he would destroy them. He confirmed this, saying that he could not go to a certain social function because the people there might be nicer than he expected; their niceness would disarm him and then he would want them, especially if they became interested in him. Perhaps my wife and I would be there. He heard a plane outside and imagined it dropping a bomb on him. I interpreted his fear of attracting my wife to become exclusively interested in him, and incurring a terrible bombing revenge from me; that was what he had wanted of his mother and feared from his father; hence the defence of hating (not wanting) his mother; hence also the flight to the mackintosh and the denial of genitality in trying to remain a little boy. Soon after this he was able to appreciate the essential niceness of an attractive girl, and like her, to realize that he could not have her, and feel sad about it. He was able to like and relinquish. The ability to have a good and loving intercourse with his wife was an immediate sequel.

One month later, he announced, 'We're probably going to have a baby.' There was pride and satisfaction in this, but the prospect reactivated old anxieties, especially the fear that I would end the analysis. He tried to cancel out all improvement and spoke of staying in analysis for the rest of his life. But he had more insight now. He said, 'The trouble is my basic unwillingness to give anybody anything; I don't want to give you a got-better patient; really I'm just one big mouth.' I said he wanted me to love and feed him endlessly, in spite of everything, in order to reassure him that he was not bad and that I did not turn to others because he was bad, and in order to relieve his emptiness within.

For a time Hilda became his mother to whom he had given a baby; father would come after him and in 'the battle of penises' he would not stand a chance; father's would slash his off right away; father would kill him with his penis, like a burglar pinned to the wall. To forestall this he wanted to get my penis which would be even stronger. His derogatory attacks upon women had been in part designed to this end—to turn me away from women, so that I would give him the wonderful penis.

He feared that at Easter I would tell him not

to come any more: I must be thinking 'It's not safe to cure him completely—he would be too dangerous.' Part of him was equating cure with freedom from all restraint. His appetite for sexual intercourse might become insatiable. Then he thought of an attractive woman in a mac, tall and sleek and dominating: it was as if she not only had a penis but was a penis—so powerful and erect. Women were so cocksure because they had the men's cocks safe inside them and were certain of being able to overcome him. It was as if both his parents were bearing down on him and saying, 'It's got to come off.' But part of him welcomed castration as something exquisitely exciting—being subdued. He felt that having his penis played with was a form of castration; so was playing with a mac and getting under it; a woman's mac was like a penis which came into him by way of its smell. Among other interpretations on this material, I said that passivity was the price of safety: he saw me as ruthless because he felt ruthless in his intense wish to overpower and castrate the dominating father, headmaster, analyst. He confirmed this, saying that he wanted to be the 'big shot', the one with the all-powerful penis.

More material emerged now about the positive and protective side of his retreat from potency, which had hitherto meant being ruthless, not caring, riding roughshod over everybody. At the same time, the patient began to talk spontaneously about the end of the analysis. He wanted to spend his money on other things. But if he made the slightest move to end it he would fear pursuit by a hostile and jealous analyst-mother. That was why he tended to keep his relation to Hilda bad except during the holidays—to fend off jealousy from me. When this had been worked through he spoke of a wish to get better before the child came: he could not have a baby and be a baby. He felt that an end was possible now because the analysis need not end in hate.

He commented on his 'grizzly' behaviour here in the analysis, day after day. Then he mentioned some changes in himself and added, 'But you don't change.' I interpreted the meaning of his 'grizzly' behaviour—to force me to change, to abandon everyone else and come over exclusively to him. He responded, 'Yes, to get you on my side against the rest of the world.' I said, 'Thereby justifying all your attitudes.' After a pause he said, 'I am getting better but I do resent it.' I said, 'Be-

cause from the very start analysis was for you a struggle over who should change, a defence of prepared positions and a determination not to feel in the wrong'. His grumbling was also described as filling me with slow poison, i.e. getting rid of his hate by putting it into me—returning the bitter aloes. Later it became clear that not coming to me with complaints would also mean dropping the role of inadequacy with which he protected himself from others' aggression and them from his.

In March I proposed that the analysis should be reduced to three sessions in April and end in December. His first response was, 'Then I shall never be the wonderful fellow I hoped you would make me!' I pointed out the expectation of a magical transformation. This and the wish to keep the analysis going indefinitely had been great obstacles to progress. Then he wondered whether he would go away feeling warmly towards me or hating me. There was a great wish not to hate me, even if that meant changing his attitudes to everyone. He felt I was sending him away as a failure, but added that perhaps that was what he had wanted to be: it was one way of proving himself stronger. He had a sudden hostile thought 'I'll show him', but recognized at once that that would not really be change. I said he was recognizing that precarious achievement based on hate was not satisfying. He observed that till Christmas was about nine months—time for a new self to be born. In a way he felt freer, now that he knew the analysis was going to end. I said perhaps he felt that so long as I appeared to let him be a baby I was also tempting him to be one. He said, 'I often felt my mother didn't really want me to grow up.' At the end of the session he was near to tears: tears of sorrow for parting, with recognition of having received a lot.

In succeeding sessions, the patient sought to grapple with the pain of sadness and with the task of reparation. He said, 'There's no alternative to hating except to be sorry, and that's very disturbing.' He felt sorry for having mentally chewed me up all the time and wanted to restore me. Later came the fear that I had chewed him up every time he chewed up me; that his parents had done so whenever they nagged him; that he had forced us to do this by his attacks, and that it would be useless his trying to put us together unless we all put him together too, inside us. This was a complex and over-determined thought. I took it

as a recognition that in destroying his objects he had destroyed himself. It was also a cry for help. He felt 'rotten' inside and could not offer this rottenness to anyone. Hitherto he had kept his damaged internal objects at bay by projecting. Now that he could do so no longer he became hypochondriacal: his varicose veins were a punishment for all the bad he had done—a product of 'bad blood' between himself and others.

He saw that he had never allowed his parents to belong to each other and that they had undoubtedly been happier since he left them. There came the terrible realization that people had not existed for him except when he wanted them; he had never allowed them any independent lives, had abolished them as soon as they ceased to be of immediate use to him; he had never taken pleasure in their living. That meant he had never really loved anyone.

The patient feared that if he allowed his sadness to come out it would be so overwhelming as to be quite unbearable; if he allowed himself to think that people were nice he would be overcome with remorse. I pointed out that he was still keeping these feelings at a distance—it was all hypothetical. He acknowledged a terror of depression. I said that this was what he had been avoiding for the past five years, but the cost was paid in hate and the fear of retaliation, in frustrated inertia, and in physical symptoms, the products of internal attacks.

He came the next day with a carbuncle and hay fever. He saw in the carbuncle the badness he was trying to get rid of and in the hay fever the tears he could not shed. He thought of a sea of blood—as if his tears would have to equal all the blood shed in his thoughts before he could recover. Then he wanted to be forgiven by me for his open and secret attacks. But he could not quite feel the same towards his mother. I said that he was tied to his mother not only by his love but also by his hate, which necessitated endless placation; it was the same with the analysis—he had to go on seeing me to make sure I was not offended or injured and therefore dangerous—to make sure I was not plotting revenge against him. The patient acknowledged himself shaken by the recognition of how fantastic this was, and by the feeling that he was much worse than he had ever realized. 'I've kidded myself I was a decent chap, but really I've spent my life taking quite nice people and making them

nasty.' He had allowed his hate to cancel all the good they did. But hating no longer staved off depression: he was mildly depressed all the time.

He became able to sustain and tolerate his sadness and at the same time became more aware of me as a person. He discovered, with surprise, that sadness was incompatible with embarrassment: that since he became sad all his embarrassments had disappeared. I said this was because sadness was the negation of the hostility which his embarrassment contained. Slowly emerging from his paranoid world, he realized that feeling sorry towards people relieved him of any need to fear them, and that his wife, whom he had first idealized and then made into a bad mother, was, on the whole, quite a lovable person. He acquired a garden and was amazed that things grew in it: 'I feel I don't deserve it—all these peas and things being as it were given to me, just as in the analysis, while I can't give, or at least not enough.' But intercourse with his wife was reported to be the best ever.

He found a new pleasure in singing, especially at school. It aroused friendly feelings and reminded him of his father singing while his mother played the piano. His analyst was allowed to have a good and helpful wife; good and helpful parents were allowed to be together. In consequence of this, he was able to have the feeling, for the first time, that here in the analysis we were really working together. He felt and expressed genuine grief for his objects. At the end of the summer term he said he could now see that pain was something to be accepted. Deaths and partings were inevitable, but there would always be people. There was here an indication of a new willingness to accept substitutes. Moreover, he now wanted to get from me certain qualities which he felt I had, without destroying me. That meant being equal instead of being hostile.

During the summer holiday his son was born. His feelings toward the child were predominantly tolerant and protective. He liked to watch him feeding at the breast and felt that he could now relinquish his own demand for the breast and for analysis. In a slip of the tongue he referred to 'sweet aloes'. I interpreted the relief he felt in being weaned by me. He could let his tears come now because I was no longer an enemy. He said, 'I used to hate your guts: I hope your guts are all right.'

Meanwhile, the mackintosh had not been forgotten. A great deal of work had been done on its relations to the penis and breast, to the female genital and to his lost foreskin; but that is too complex to quote here. The function of mackintoshes in his sex life was now a vestigial one only: most of the time he would no longer notice them, but in situations of marked deprivation he would get a transient satisfaction from looking at them, passing in the street, undisturbed by guilt or by any impulse to follow them.

One day in October he told me of a dream in which he was having an erection but his penis was held down by his own pubic hairs. In the waiting-room he noticed a 'cocky' young man and thought, 'I've really come here to find my penis; perhaps others come to lose a bit.' On the way he had seen a woman in a mackintosh which from a distance looked particularly smooth and shiny, but when she drew nearer he saw lines in it. It was as if it represented a penis and instead of being very erect it was flaccid. He felt himself deflated. I commented on his secret admiration of the erect penis as something seldom admitted to in the analysis. He confirmed that he secretly admired his own, but thought of it as something not really part of him, semi-independent, over which he had only a limited control—an aggressive ruthless thing—there was no knowing what it might not do if given the chance—going around fucking women and knocking people about generally. There was a part of himself which would still prefer to look at macks. I interpreted the projection of his own erect penis into the tall erect woman in the smooth and shining mac and the defence it served—not merely against the threat of having it cut off but also against fear of the damage it might do: he wanted to protect the people he loved from these forces in himself which he felt to be so enormously potent and destructive. Further material led to the interpretation that he could not allow himself a better sexuality than he felt his parents had had, and hence could seldom allow himself any success which would surpass his father's. He confirmed this, saying that he took care to avoid finding out whether or not he earned more than his father. This was interpreted as a defence against overwhelming greed, which had wanted to rob his parents of everything they had. The patient then recognized effectively for the first time that being potent had always meant

stealing his father's penis, or later his analyst's. The erect penis had to be placed outside because it was stolen.

In this weaning phase of the analysis the patient took on various new activities and found a new capacity to cope with work and people. His relations with his headmaster, colleagues, and pupils became easier and more human: he could even make the children laugh while the Head was in the room. In teaching he could give more freely, and was surprised at the children's capacity to digest what he gave them. Though he spoke of looking for a better job, he added that he would not be ready for that until he had contributed all he could to this one. Colleagues had long been urging him to apply for headships, and now at last he could begin to think of doing so without feeling apologetic about it. I said he was telling me he could move towards equality without feeling threatened—a reflection of his changing attitude to me. He said, 'I want to try myself out and see how far I can go.' All this seemed to me to represent a genuine achievement of potency. He could now feel secure in the use of his penis. It was no longer stolen.

The closing sessions centred upon what Freud has described as one of the strongest transference resistances, namely, the patient's reluctance to feel indebted to his analyst. But in this case the principal conflict echoed was the conflict with the mother. With her, defiance was the only independence he had known. He had been trying all his life to prove that she had not 'made a good job of him', and to have her 'taking credit' for his male achievements would re-establish her control. Now he was reluctant to give me, as he said, a feather in my cap. He reverted to his grumbling and for some days made me uneasy about the outcome.

The final change came with the discovery that I was prepared to accept failure in the analysis, if need be, and not become hostile. This disarmed him. In the last hour he said, 'You are a human being and I've grown fond of you. I kept up my hostile attitude almost to the end, but now I feel I shan't any more.' He felt sorry because it had been hard on me, and wondered if my next patient would be as obdurate. He said, 'I never really thought you could deal with me, except by making the analysis permanent.'

He could now accept and express the pain of parting. Hitherto he had feared, as in child-

hood, that his sadness would not be accepted, that his sorrow would be used by me as an occasion for triumph. Now he knew there would be no triumph, because he himself had given up his wish to triumph over me. He could make full acknowledgements, deeply felt, of what he had received from analysis.

The patient had relinquished his grudge. He said, 'Now I can feel tenderness, even these aloof women become human; and if I can sustain this tender feeling, what remains of the mac will go.' At home he was manifestly accepting the responsibilities of husband and

father. In work, he said, he would now feel free to go all out for his goals. Competing no longer meant hating, because failure would not bring despair.

I am keenly aware of the limitations of this analysis; almost every page of the notes reveals some failure of understanding or opportunity missed. Yet in the later sessions I think one can hear the patient speaking with a different voice. The criteria for termination discussed in this Society by John Rickman and Melanie Klein, among others, have not, perhaps, gone wholly unfulfilled.

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THE PSYCHOLOGY OF POISE

WITH A SPECIAL ELABORATION ON THE PSYCHIC SIGNIFICANCE OF THE
SNOUT OR PERIORAL REGION¹

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I

It is the purpose of this communication to group together a certain set of clinical phenomena, the central theme of which has to do with that particular state of ease or well-being connoted by the term 'poise'. An attempt will be made to describe and clarify from the psycho-analytic point of view some of the psychological concomitants of this state, an attempt which seems indicated and which I hope may even prove fruitful inasmuch as this particular qualitative state of psychic equilibrium seems to rank high among the various pleasurable states striven for by man. I believe we shall find that a consideration of it will reveal it to possess specificity and to have delineable borders.

Perhaps it might be well at this point, in anticipation of the material to follow, and, I hope, without detracting from it, to make the following general introductory statement. Clinical observations lead me to advance the hypothesis that the feeling of poise may be in large part related to, and centred around, mouth and perioral sensations. The feeling of being at ease, comfortable, poised in a social situation or interpersonal relationship, or the opposite feeling, that of being shaky, insecure, ill-at-ease, is at least in many instances expressed and accompanied by the state of satisfaction or dissatisfaction of oral instinctual needs in the muscles and skin around the mouth. An absence of tension in these is associated with a feeling of ease and poise, while accumulated tension in this area goes with the feeling of being ill at ease. The sensations involved are proprioceptive ones. The development and elaboration of the function and psychic significance of this perioral zone may be considered a secondary theme and purpose of this com-

munication. However, while this specific linkage is being singled out as a particularly focal one and perhaps as a basic point of origin and orientation, it will not surprise us to find that the state we are setting out to describe is a complex one, with many facets, and distinctly over-determined.

Perhaps it will be best for the pursuit and development of our line of thought to start with an excerpt from the treatment of a patient which was in fact the original stimulus for the accumulation of this material and which will serve as a fairly representative prototype of the type of feeling with which we are concerned.

This patient, during the course of her analysis, began to relate and describe her great concern about her increasing drinking. This need would occur not when alone, but when in company of any kind, at which time she would feel more and more the compulsive need to start drinking. This has gradually progressed so that now she has reached the point of filling one glass after another. She can tolerate liquor very well, and the intoxicating effects do not seem to play much of a part, although they do contribute. What seems more essential, however, is the security she gains in knowing that she has a full glass in her hand ready to be put to her lips at any tense or challenging moment. With this safeguard at hand, she can maintain her poise and security; she even becomes quite glib, very witty, and gives the observer the impression of being at the acme of poise and control. The same situation exists with regard to smoking, so that a like feeling of contentment and security is achieved when the cigarette is held between the lips, or in the hand ready to be raised to the lips.

The patient, as we might expect, is in general

¹ Awarded the Clinical Essay Prize of the Institute of Psycho-Analysis, London, for 1953. A portion of this paper was presented at the Annual Meeting of the American Psychoanalytic Association, Los Angeles,

California, 1 May, 1953, under the title 'Some Remarks on the Psychic Significance of the Snout or Perioral Region'.

orally oriented and has many other oral manifestations in her history, symptoms, and behaviour. She is basically a severe depressive and has made at least two serious attempts at suicide. She has had periods of compulsive eating with great gain of weight, alternating with periods of strict dieting. She is a heavy coffee drinker, taking an average of four to five cups with breakfast, etc. A number of these latter manifestations have run a favourable course during her analysis, but not as yet the alcoholism, which, as has been said, involves certain special features, i.e. (1) the feeling of trying to achieve poise and control in a social situation, and (2) the need which accompanies it of having something in readiness to place between the lips.

The significant past history was somewhat as follows. The chief memory of the patient's entire childhood was that of chronic loneliness. Her mother was a cold rejecting person, who was openly and completely frustrated in her marriage with the father, whom she violently hated and with whom she had virtually no sexual life. She left the patient to go to work when the latter was still an infant of less than a year, and constantly thereafter induced a sense of guilt and obligation in the patient by her martyr-like attitude. The parents were divorced when the patient was nine. Her every early memory was of being alone, without friends or playmates. During her school career she would come home to an empty house and have to amuse herself until her mother returned from work. She never felt surrounded by a family as other children were. She would walk for hours and look into lighted windows, imagining congenial family settings around a fireplace. She felt ashamed of her own drab, colourless, and unloving environment, and then felt guilt about her shame. She was 'broken in' early, and was considered a 'proper little lady' at the age of two or three. But even at that age orally determined symptoms would break through in the form of easy disgust and frequent vomiting. She had early been a feeding problem and a finicky eater.

To add to her burdens during her formative years, a wide and unbridgeable gap was created between her low self-esteem on the one hand, due to a restrictive and oppressive training, and a lofty and unattainable ego-ideal on the other. Her mother, though kept by circumstances and her own inner conflicts on the 'wrong side of the tracks', nevertheless maintained a haughty demeanour and filled her daughter

with a sense of the aristocratic origins of their family tree. She took great pride in unceasingly recounting to the little girl the tracing of the maternal lineage to an English royal duke. There inevitably grew in the patient a sense of never belonging, so that even in adolescence she developed the feeling of being above those few playmates whom she finally did acquire and hopelessly below those to whom she aspired. A derivative of this is seen in her present life. She managed to reach and achieve 'high society' in a certain social and cultural sense; but her situation is such that one month they cannot pay the rent or grocery bill, while a week later they are week-end guests on a luxurious yacht. And it is in this setting that the symptoms flourish which are of interest to us, i.e., that the patient feels tense and ill at ease and unable to merge into any social setting except with the aid of the above-mentioned artificial props.

The type of early play with which she occupied herself as a child is relevant to our main theme. Her chief toy was a doll, but this doll did not live like other children's dolls, that is, have babies, act like a mother, and do ordinary daily things. Her doll, as long as she can remember, was sophisticated and smart, lived in a mansion, had a limousine call for her, was elegantly dressed, completely composed, and obviously the essence of poise. This doll really 'belonged'.

The patient has made almost a fetish in her life of being sophisticated and smart, admiring and envying such people. She would spend many hours in smart shops, just sitting there and watching elegant people being waited upon. She would identify with them, imitate them, and orally incorporate them. In college, she gravitated naturally towards dramatics where she 'played' such parts. She avidly reads the fashion magazines for smart ideas. To be sophisticated is the opposite of being clumsy and gauche and ashamed. Her mother always accused her of being awkward, of slumping, and of having a bad posture. To be sophisticated is to be completely poised, to belong, to merge with the environment and not to stick out as an object of ridicule. In real life, the patient alternates between looking 'like a horror' and looking elegant and suave. She has often been told that she can at times look worse and at other times look better than almost anyone else.

From this brief clinical description, we can extract the following as being on the line of

interest we are pursuing. The patient has, as she has always had, a feeling of not belonging when she is with other people, and at these times feels the need of something to bolster her up and reassure her. Her feeling is that of having no poise, of being as it were grotesque, dumpy, laughable, ridiculous, of sticking out clumsily, of being suspended in mid-air with no anchor and no support under her. And under these conditions, we learn that the specific antidote which can serve to change or bolster up her inner feelings and make her feel 'on the in' and accepted, is to have something between her lips and grasped by them, or ready to be placed there for this purpose. In this connection, we see that poise, as we use the term, is a factor which comes into play only in a social interrelationship. It is not an issue when one is alone. This does not mean that one is then calm or free of tension or anxiety, but rather that there is no social threat, no danger from without, no fear of ridicule; one is not at the moment being observed and judged. When one is alone, one can let oneself go, assume a posture of which one is not proud, examine in the mirror a skin blemish of which one might be ashamed, let one's stomach stick out, grimace at oneself, or squeeze a blackhead; unless, that is, one fantasies other persons as still present; in the absence of this, even the most unpoised and vulnerable person can achieve a relaxed state when alone. In company and in a social setting such is not the case; a stiffening-up takes place and a certain armour, no matter how subtle, is assumed. These comparisons can be caught and demonstrated by the candid camera.

II

Let us at this point leave our patient for the time being in order to try to define and to clarify in some greater detail the subject under investigation. What exactly is connoted by the term 'poise', and what, if any, are the distinguishing features which separate it from certain other allied and contiguous states of well-being, such as the feeling of security or that of satisfaction and the like? While there are a number of states or psycho-economic conditions which the human organism seeks which are experienced as desirable or pleasurable, these several states on closer investigation are seen to have subtle differences between them and to be individually specific.

Among these various goals, for example, is

that of achieving the Nirvana state, or the state of homeostatic equilibrium, to keep the level of excitation equalized and constant. Although this equilibrium, in all living forms, is undergoing constant interruption, the successive disruptions are being brought back uniformly and successfully by the organism to its particular baseline level (Fenichel, p. 12). Instinctual impulses, as well as stimuli from all other sources, are being managed or handled, as by discharge through action, thought, or affect (Rapaport), or by being bound or otherwise adequately defended against. The ego here is in command and is successfully holding at bay energy and pressure from every side, from the id, from the superego, and from the external world. Relaxing or weakening of its position results in various states of tension, which ensue when energy begins to crowd in on the ego from any one of the three agencies mentioned above. Such states of tension are in themselves not necessarily unpleasurable and can indeed be states of pleasure, not only when the likelihood of mastery or satisfaction exists, but also, as pointed out recently by Edith Jacobson, under other independent conditions, according to the speed and pace of their discharge processes.

Security, one might say, is the condition of knowledge or confidence based on past experience that anxiety can be staved off and that in general, satisfaction and/or mastery is within the grasp of the ego at command. It is a guarantee or at least a reassurance against the traumatic state, against unmastered tension, but from any state, against any direction. Forces from within or assaults from without, as they are likely to occur, will be dealt with. Impulses will be satisfied, either in whole or in part, or at any rate sufficiently; or else adequate defence mechanisms or other solutions will be forthcoming. The healthy ego, cradled by such comforting experiences in the past, feels secure in its capability to meet the stimuli which are likely to occur. Being at ease is probably synonymous with or at least closely analogous to this state. Satisfaction is yet another condition, and follows in the time immediately subsequent to gratification of an impulse or need. Such a state, for example, follows eating or orgasm or expression of an aggressive impulse. Satisfaction may be complete (satiation) or partial. The most frequent cause of fixation, according to Fenichel (p. 66), is simultaneous satisfaction and security, i.e. satisfaction of drive and security or reassurance

against anxiety. A mother, for example, who serves as such a fixating agent is one who provides excessive satisfaction of impulse while at the same time serving as an external bulwark for the child against the forces of its own instinctual demands as well as against threats or dangers from without. This is before the formation in the infant of its own internal agent, i.e. ego, to serve this function.

How does poise fit in to this general spectrum of pleasurable states, how is it separated from those described above, what are its borders and what are its distinguishing features? Much sought after and apparently high on the list of the ego's goals, poise, if we think about it, is seen to relate specifically to the interpersonal situation, and to have at its core the interpersonal exchange. (The usage here is much more limited and literal than the wider and more all-inclusive meaning of 'Interpersonal Relations' as used in the Harry Stack Sullivan school, where the interpersonal field of action is considered to be the matrix of all psychiatry.) I should like to suggest that security is the main heading, under which 'poise' is a specific subdivision. Security applies to the entire spectrum of potential invading agents, to any possible disturbers of psychic equilibrium. It implies an armour of successful defences against too great pressure from aggressive or sexual instincts, and against superego demands; in short, the whole gamut. Poise, on the other hand, is more limited and applies only to a specific type of assault, i.e. a social threat. Total security must include poise, but not necessarily the reverse, for poise or what looks like poise can exist without the state of psychological security. A quite disturbed patient, for example, with much free-floating anxiety as well as with many instances of localized, bound, phobic anxieties nevertheless looked and actually felt very poised in social situations, since her anxiety and phobic formations happened not to include the social scene. Poise is thus a special variant of security, a special form of social security.

A careful consideration of the essential nature of the state of feeling poised will reveal its basic dependence on the wish to be wanted and loved. The essential object is the human object. The potential dangers which become possible at the anticipation or actuality of an interpersonal encounter are generally several specific ones. The event feared from the human contact is most often the advent of critical

appraisal from without, disapproval, and with it a closing off or absence of the desired and needed flow of narcissistic supplies. Of the two basic fears, castration and loss of love, security in general is concerned with both, while poise is thus related primarily to the latter. In a social situation which is uncertain, and there may be specific prerequisites for this in different people, a question is posed. At the moment of decision, when poise or unpoise is to follow, there hangs in balance the question, 'How will I do? Will I be accepted? Will the supplies to my narcissism be provided, will I be loved, wanted, respected, noticed, listened to; or will I not?'

The question of poise is not an issue when the contact is with inanimate objects or with animals, though anxiety very well may be. Since the provider of narcissistic supplies is always the human, as genetically it was first the mother, it is only the human object who can likewise withdraw or withhold the flow of these narcissistic supplies. One never fears the loss or absence of love from an animal or an inanimate object (except insofar as these occasionally become symbols of or displacements from humans), but rather this fear is always in relation to the human object. Castration, on the other hand, and its derivatives, any damage or mutilation, while originally feared from the avenging or angry father, is later in reality also possible from the non-human or the inanimate object. It is this combination of factors which is responsible for the fact that phobia formation, for example, so frequently takes place by projection or displacement to non-humans, animals, or things. The realistic role of the latter as possible physical threats, as by biting, hurting, injuring, etc., makes them eligible loci for choice by displacement in phobic symptom formation. In contrast, the fear of loss of love clinically remains attached to the human object. While the affect itself is subject to some distortion, the object, it seems, is not. As such, every interpersonal encounter is a potential challenge, reviving the original query: 'Friend or foe, supplier or denier, critic or praiser?'

Some have ample resources against these possible dangers, and therefore no particular problem in maintaining poise. Those who are poorly armed are vulnerable. Some maintain very much of a counter-phobic type of defence and seem incapable of embarrassment, attempting at all times aggressively to deny unpoise or susceptibility to it. Such a situation, for example,

exists with many comedians, for whom wit so often serves the function of an aggressive denial of weakness. Their repertoires, however, as anyone who has analysed a comedian, professional or otherwise, will readily attest, may serve to maintain poise, but by no means does it achieve security. A notorious bald man, for example, is said not to consider himself bald, but rather all other men as hairy. To some extent, the quality of fascination and charm enjoyed by many psychopaths is on such a counterphobic basis. People with excessive poise usually arouse suspicion or hostility in others, reminding them unwittingly of their own vulnerability.

The fear of criticism and the sensitivity to it point to the participation of the superego in this connection, either in the form of a reprojection of its appraising function to the outside world, or an incomplete internalization of it in the first place. So that this entire issue is more apt to occur with those who live for the opinions of others. Such deviation and pathology of superego structure is again usually tied up with oral fixation and orientation, where self-esteem remains too strongly dependent on external supplies.

Closely akin to social disapproval is the sense of shame, which again is a specific type of anxiety warded off and defended against in a social situation. Poise in this connection is a defence against being shamed, and unpoise a traumatic state of being shamed, of being despised, ridiculed, and laughed at. The connection of shame with the partial impulse of exhibitionism applies here as elsewhere. The assertion of an exhibitionistic partial impulse exposes one to the danger of social shame, which therefore serves as a motive for defence against this specific impulse. Poise, which is used in the service of this particular defence, attempts to combat and to ward off this shame. While used thus as a defence, it nevertheless allows the return of the repressed, for in poise can be detected the repressed exhibitionistic features themselves, since poise carries with it a certain exhibitionism. Blushing confirms the linkage between the two, for in poise blushing is avoided and eliminated while in unpoise it plays a prominent part. The frequent relation of the state of poise to the subjective state of the eyes also owes its existence to this connection with exhibitionism, since the feeling accompanying seeing is so intimately related to how one feels about *being* seen. The exhibitionistic-

scöptophilic partial impulse, as well as the related sense of shame, are basically connected with both the castration complex and the need for oral narcissistic supplies. The human appraiser will see the weak spots in the armour, the flaws and lacunae in self-esteem, and will probe precisely into these openings. As such he will recognize the castrated state. What is vital here is not the danger of castration, for then the picture would be that of anxiety. Instead the danger is to be discovered as castrated, and on that score scorned, laughed at, ridiculed, and despised; meaning, in effect, a loss of a possible source of narcissistic supply and the substitution in its place of a depreciating, critical, rejecting observer. In the former, the subject fears he will be made inferior, while in the latter he feels that he already is.

This leads to the question of the relation between poise and anxiety; are they straightforwardly and directly inverse? Is poise simply the absence of anxiety, and unpoise the same as or an equivalent of anxiety? I do not feel that this is the case. Rather, just as poise is a subdivision of security, so unpoise or poiselessness, like shame, is a specific form of or a topically defined anxiety. It is a later developed and more localized expression of the earlier primary type of anxiety or unmastered tension. The relation or connection with anxiety proper ensues with the question as to whether or not the anxiety will become known to others, and varies with the sensitivity to this. Various combinations are possible.

Anxiety can be and usually is present with poiselessness as well. 'I am not only upset and shaking all the time' the patient says, 'but I can't face anyone because of it, and I'm ashamed for you to know it or see it.' On the other hand, anxiety is known to occur without the accompanying sense of unpoise. This can take place where (1) the anxiety dominates the scene, but because of historical determinants the exhibitionistic component to it is minimal — 'It does not matter who knows or sees' — or (2) it does matter, in the usual sense, but the situation is such that anxiety does not stand out as different. This is the case when the external situation produces universal and 'normal' anxiety, as in war combat; or as frequently seen aloft in an airplane. The acceptance of anxiety by others reduces or eliminates the lack of poise on its account; the anxiety remains, but interpersonal poise is possible. (3) There is still another possibility,

where anxiety is present but the defences against its visibility and communication to others are strong.

At this point we may note the dominant role played by the cultural component in regard to this state. For a special value, in our culture, seems to be attached to the demonstration of lack of dependence on others, and indeed to freedom from controlling emotions and affects themselves. There is a great glorification of the salesman type, of the influencer of others, and a depreciation of those who are influenced by others. To show emotions or dependence is considered weak, and *vice versa*. Patients with anxiety are often less concerned and tortured by the anxiety itself than by the question 'does it show?' Indeed schools are set up where the ability to achieve these desired goals is taught and sold. One tries to learn how to *look* poised, free, independent, and masterful. 'Charm' is taught, what to do with one's hands, posture, voice. Needless to say these do not replace an inner psychological lack. This was recently brought out pointedly in a depressed suicidal young woman who still retained her outward learned manner while expressing the feeling that she felt like an empty shell.

To advance this description of the characteristics of the state of poise further, we will turn for further help to linguistic usage. In the *Merriam-Webster Unabridged Dictionary*, the following are among the definitions and meanings given under the term 'poise': weight, balance, equilibrium, stability, carriage, rest, pose, suspension of motion. Translated into psychological economic terms, balance or equilibrium is achieved between the quantity of expected stimulus and the sum of the ego resources ready to meet it. The two are posed in equal balance, and between them there exists momentarily a suspension of motion. With poise there exists a confidence of mastery, of ability to neutralize the oncoming encounter; while in lack of poise, the person's resources are inadequate to the approaching situation and will be outweighed. Technically, the state of poise inherently implies the condition of expectation rather than of action. The opposing or complementary forces are not yet interlocked, but stand in readiness for action. They are posed, or poised for action. It is as a runner poised in readiness to take off just before he hears the starting whistle. There is anticipation, readiness, and flexing and tension of the musculature.

This can be graphically illustrated if we apply

it to Rapaport's conceptual psycho-analytic model. His primitive model of conation consists of: restlessness → appearance of breast and sucking → subsidence of restlessness. The restless tension is accompanied by disequilibrium, while the breast and sucking are the means and activity whereby equilibrium is restored. The state of poise can be said to exist at the moment at which the breast appears and its availability and potentiality is known. The organism then pauses, as though in smug satisfaction in the knowledge of what is to come. This already implies a certain amount of ego development and functioning, for anticipation and judgement are already at work. Before this, there can be no delay, and poise cannot come about before the drive-object is actually here in contact.

The stream of stimuli proceeding towards the organism is not only inevitable but becomes desirable, and poise is a phase in the process of meeting them. As such it is a positive integrating function of the ego. Although the pleasure principle in general demands tension subsidence, and the constancy principle strives for an equalized level of tension, the reality principle makes it necessary to deal with and be ready for the inevitable stimuli which will follow. Moreover, there is a 'hunger for stimuli' inherent in the object-seeking instinctual drives. In addition, the experience and memory of stimulus mastery, with its accompanying pleasure, makes for the desire to repeat, thereby stimulating and increasing the hunger for stimuli and therefore again the need to master them. The process is thus a circular one, and poise to meet the stimuli is a necessary part of this repetitive armour.

III

Let us return now to our original patient, armed somewhat by our excursions into the foregoing descriptive efforts. This patient, we remember, could achieve the state of poise, or the feeling of being anchored, by the specific manoeuvre of having the object (glass) ready to be applied to the lips. Without it she felt unpoised and suspended. In the latter condition, there seemed to be an imbalance. Something added to the scales produced poise or balance. What was it which had to be added?

The psycho-analytic reader will long since have come to the conclusion borne out by the preceding theoretical considerations as well as by the further clinical material. Through a

series of less and less distorted derivatives, the path in this patient, as in other orally fixated syndromes, led back to the original oral situation, with fixation and a psychopathological relationship to the mother's breast. A victim of pronounced and early oral frustration at the hands of her embittered and rejecting mother, she had reacted with oral fixation and the defence of reaction formation. The greatest problem to her of childbearing and motherhood was the prospect of being obliged to breast-feed, which to both her children she had to deny, though not without enormous guilt and self-reproach. The picture of a mother with a child at the breast was to her a revolting sight or thought; and kept her from even wanting another child. This was her way of denying her own insatiable urge to suck, for she herself had been denied not only the breast, but all that goes with it, warmth, cuddling, closeness, and the feeling of 'belonging'. She had early become a feeding problem and a vomiter. But her intense repressed oral wishes broke through indirectly, in that symbolically she nurtured, extracted, and suckled upon the entire external world, her family, friends, and analyst. The chief conscious sexual problem, incidentally, was her husband's strong predilection for fellatio-cunnilingus and her own revulsion against it.

The object which, when brought to the waiting lips, tipped the scales and achieved the desired state of balance and poise, represented, in the deeper layers, the breast, originally so denied and missing. The total oral process, however, as pointed out by Bertram Lewin, is a wide and composite activity. From the standpoint of specific relevance to our subject, we can break it down and extract a certain limited part of the whole complex as being pertinent. We wish to focus attention here not on the oral process in general, not on the taking in of the oral supplies, or the actual trickling inwards of the warm milk, or the further gastro-intestinal satisfaction described by Simmel, but rather on one momentary and transient phase in this continuum. That point is the moment of knowledge of the availability of the drive-object. The breast becomes ready to give and is on its way. The supplies are to be forthcoming, and the action is about to be set off. It is like a moving picture stopped at an individual frame. The object and the recipient are 'poised' for action. Both know their parts, and the subject is in a state of calm satisfaction, secure in his anticipation of the immediate future. (Perhaps one can

recognize a derivative of this state of poise *en masse*, natural and sure in some, artificial and forced in others, if one pictures a cocktail party. Each stands with glass poised, with perioral muscles poised, and with psyche momentarily and more or less in the same state of poise.)

This already presupposes the ego's ability to recognize the breast. Prior to this, only the actual external supply, and not any internal anticipation and therefore ability to delay, can provide the desired repose. This really first state of belonging is with the breast in the mouth. The fact is to be noted that at the centre of this desideratum is the being anchored, the being attached (again) to a larger unit, more firm and immovable, and thereby not being suspended. Our patient had to feel anchored, attached, and not hanging in space. The infant hangs on by the mouth. It is at the breast that the infant re-establishes the original biological unity and, just as previously *in utero*, is again at one with the environment and with the source of narcissistic supply. Acceptance here is utter and complete; ridicule and criticism are absent. The perioral muscles have their object and are holding on. Poise is a hope of reviving this blissful and omnipotent state. As such, it is not dissimilar to what one attempts to achieve nightly in sleep, which, as Lewin has shown, also represents unconsciously a repetitive wish to return to the same original oral breast situation.

IV

The next section will deal with a consideration of the executive apparatus through which these dynamic functions are mediated. There are several which stand out as of special importance, and which will therefore be selected for some detailed inspection. These will be (a) the mouth, (b) the general musculo-skeletal postural system, and (c) the hand. Clinical and theoretical considerations will support and illustrate each instance.

In any social or interpersonal situation in which poise comes into question, the subject is being made to find a niche for himself, to relate himself to some larger challenging unit (person or group) in a way which will be comfortable and into which he will fit. He looks for a place to stand or sit and a way to be. It is much like a mountain climber who gropes out for the next excrescence or concavity around which or into which to arrange his body for support. Feelings and symptoms in certain areas point to special foci of sensitivity during this quest.

Let us turn our attention first to the oral zone, to which we have already alluded as regards its function of grasping or clinging to the first human object. The material to follow at this point represents what has been described above as the sub-title or secondary theme of this communication, and has relevance, I believe, not only specifically in relation to poise, but in a more general way to every interpersonal encounter.

With a more microscopic observation upon this oral region, further reflection and a consideration of additional data make it necessary to enlarge somewhat the anatomical area singled out in relation to the psychic feeling being described. Rather than solely the mouth, I would widen the circle to have it include what is commonly called the snout. The region would now correspond roughly to a circle with its centre in the philtrum of the upper lip or at the centre of the mouth. Its lateral margins would be the two nasolabial folds; its upper margin, the ventral surface of the nose; its lower margin, through the middle of the chin. On closer thought, it is this larger area, rather than the mouth alone, which is buried in and is contiguous to the surface of the maternal breast during the earliest interpersonal contact. Direct observation will bear out this point. And it is in the tissues of this area, its skin, fasciae, and muscles, through which the first proprioceptive sensations of being steadied and attached and anchored are mediated. Correspondingly, in later life this is a focal area which, when one feels unanchored in any more complex social or interpersonal situation, feels unsteady and shaky and has to be supported. The thumbsucking child is often seen to stimulate this wider area, for in addition to having the thumb in the mouth, it is not infrequent to see a forefinger describe a larger arc, playing on or rubbing the upper lip or the nose or a contiguous area. Hoffer, describing an individualized type of finger sucking in a 16-week-old boy, in which he held the ring finger in the mouth while pressing the three remaining fingers like a scaffolding towards the lower lip, interprets this particular position as being a voluntary reproduction of an epidermic stimulation which he felt while sucking at the breast. This, he postulates, may have been aroused on his chin or lower lip by his mother's hand holding the nipple in his mouth. In later life, numerous derivative mannerisms can be observed, e.g. how, in any embarrassing or trying moment, one may unconsciously play his

fingers around his mouth, or steady his chin, as by feigning to lean on it, or dig a finger into each angle of the mouth, or bite his lips, or just cover the snout area with the fingers or hand; these actions being designed to provide this region with an object to hang on to, to prevent it from hanging open or quivering, suspended in mid-air; or from being seen to do this. Among other related derivative activities one may mention the chewing of gum, the extensive use of lipstick and other cosmetics in this focal area, and the growing of moustaches. It should also be pointed out that the oral and narcissistic attributes of this area can receive reinforcement from other later determinants. Thus, for example, in one patient his face and nose picking has to do not only with his patting and putting at ease this early oral snout, but also combines picking out and playing with nasal secretions, which in this case has distinctly anal derivatives. He also does the same with his ears and with other areas of his skin. In another patient, his face concentration is a combination of oral narcissistic needs with a strong phallic cathexis, there having occurred a marked genital displacement from below upwards. All kinds of identifications can add to and complicate the picture, such as one patient identifying certain features of her face with undesirable traits of her mother's and another patient covering up and being ashamed of his 'jowls', because to him they represented his aggressive, greedy father.

There are a number of different reasons which all converge in giving to this area such a focal role in this connection, in addition to the factor already mentioned of the primitive ontogenetic role played by the snout area in the earliest human contact. Among these is first an anatomic-embryologic consideration, namely, that this oral snout area is, both phylogenetically and from the standpoint of embryological development, the true rostral tip of the organism, a fact which in quadrupeds is still anatomically visible. As the most cephalad and forward point, this area psychologically and biologically is the pseudopod which projects furthest into the outer world and is therefore invested with the function of making the first tentative contacts with objects of the environment, to determine which to accept or reject. Quadrupeds meet each other directly with their most forward points, nose to nose. In the dog it is the nose which is used to sniff and test and sample the environment, deciding what to accept or to reject. The first exploration of objects by the

human infant is by bringing them with the hand to the mouth, or smearing them around his snout. Primitive human adults retain this in certain forms—primitives still greet each other snout to snout. Universally, where there is complete acceptance between individuals, as in the sexual embrace, these areas also meet. In fact, the deeper and closer the kiss, the more these areas seek to merge and become one. It is by a similar mechanism that sometimes the entire skin is, by displacement, used in an oral sense. Thus one patient, during sexual experience, wants to roll up into a ball and get inside his partner, while another, in the opposite direction, wants to surround, encompass, and introject his mate. The following clinical material will illustrate this point quite graphically.

An asthmatic patient with a long history of oral deprivation had the fantasy and attitude of the upper part of his body being like an invaginated tube. In most of his contacts with other people which were unsatisfactory and left him frustrated and wanting, he pictured the opening of his tube as not meeting head on the tube of the other person, so that there was only an inadequate exchange of air between them. With a girl friend towards whom he felt he had the most satisfactory relationship that he had ever had, he pictured the two tubes as meeting and fitting completely together so that the air from one passed into the other. When his contacts with human beings failed, he would resort to his adrenalin spray, which he would put to his nose and mouth where he could control the position and dosage of the interchange. As an aside which cannot be gone into at any greater length here, we might wonder whether or not this does not play a primary role in the psychogenesis of asthmatic conditions, that emotional deprivation through this entire oral-nasal area from birth onward might lead to a stilted and irregular and inadequate passage of gases between the external world and the respiratory tract. We might also comment at this juncture on the frequency of colds and question whether this might not also be explained as an attempt to deal with or eject unwelcome stimuli from the rostral intake point of the organism, the mouth and nose. This would be the same mechanism as a sneeze. The asthmatic patient above considered his frequent colds to indicate, 'I concentrate on myself. I tighten up and pull in toward myself. There is a tremendous concentration of feeling

in my nose'. Accompanying this material, the patient expressed many oral receptive tendencies, a desire for the breast, and a dream and associations about receiving injections from doctors. It was as though the cold filled up this entire intake area with fluid. During such a cold he said, 'I told myself to relax and my nostrils immediately cleared up'. At another time this same patient thought of himself as a cyclostome, with gaping mouth, holding on. In another instance, when recalling material that had to do with his not being able to talk to his mother and to express to her how lonely and abandoned he felt, he thought of a balloon which is blown up and the mouth of which is pinched or tightened so that no air could pass in or out. The opening of the balloon corresponded to his mouth and throat, while the rest of the balloon was his chest. This patient, incidentally, had a frequent gesture of rubbing his snout with his hand during the analytic hour, as though he were trying to put this area at ease. In several other patients who showed this gesture frequently during analytic sessions, I also had the impression that the dynamic motivation was to give physical support to this region, to steady and anchor it.

Also playing a decisive part in giving to the snout area its vital role is its close relation to affects and to the mimetic expressive system, which is so much at the core of man's relation to man. For the area delineated is the window to the emotions. It is the small porthole through which can be observed from the outside the person's affective state, how he feels and reacts. While, to be sure, the entire organism participates to some degree in receiving effector impulses as the end-point of the complicated emotional reflex arc, as for example by sweating or generalized muscular tension, nevertheless the perioral and snout region is the focus of greatest concentration of effector response to emotions, at least in relation to the external world. It is there that we watch for a reaction. It was partly to avoid that constant observation from patients that Freud and later other analysts employed the use of the couch. Within these relatively few inches of body surface, the tone, position in space, and direction of the skin and facial musculature denote how a person is at the moment. The remainder of the body surface is considerably more neutral. The cartoonist or artist makes use of this fact; with one line in this region, pointing either upwards or downwards, he can connote a

mood, happy or sad. The Greek masks of tragedy and comedy bear out this same point. The predominance of this zone in mimetic expression is in accord with the findings of most experimental psychologists, such as the work of Dunlap, who found that the muscles of the lower half of the face and especially the area around the mouth predominated over the eye muscles in the expression of emotions.

The relationship of this area to the system of mimetic expression has a steady and progressive development beginning already in infancy. In earliest life the first sign of displeasure is a drooping of the lower lip; continuing unhappiness results in more lowering of the perioral and naso-labial lines and finally crying, with a more diffuse spread of the motor reaction. To Quote Charles Darwin: 'I believe that the depressor muscles of the angles of the mouth are less under separate control of the will than the adjoining muscles, so that if a young child is only doubtfully inclined to cry, this muscle is generally the first to contract and is the last to cease contracting.' During equilibrium or a neutral emotional state, the folds are at rest, placid, in their baseline static position. Pleasurable tension is made manifest by an upward deflection, and finally by a more complete upward turning of the skin folds and muscles, with laughter and again a diffusion of the response. These are the primitive, the universal, and the central responses. Though elaborations of these and individual variations do, to be sure, take place, nevertheless this area retains throughout life its central position in giving expression to affects and emotions. The region immediately peripheral to it may frequently participate quite strongly in the total response, as especially the eyes and the forehead, or there may be a particularly strong development of one small part of the response, or a peculiar qualitative differentiation which stamps one individual as different from another. But the most primitive affects call forth the most universal and the least differentiated reactions, localized in this central area for mimetic expression. The nostrils quiver in anxiety or anger, the lip curls up in a snarl, the lips tremble in highly charged states, or a smile 'may play around the lips'. A person is admonished to 'keep his chin up' or to 'keep a stiff upper lip'. A sneer is a compromise expressional state in this snout region which combines elements of the impulses and affect being felt plus the attempt to cover them.

Activity in this area may be chronic. A person may be characteristically grim-lipped. Clenched teeth or bruxism may occur even during sleep. In one patient his constant and repetitive grasping and stroking of his chin during the analytic hour seemed to be a physical attempt to prevent a whimpering state. His entire demeanour, character, and stance emphasized independence and self-sufficiency, which often, however, turned out to be a thin covering for an underlying weakness, dependence, and potential sobbing disorganization. The day after the interpretation was made about the defensive nature of his chin-holding, the patient, while talking with another person, suddenly broke down and wept profusely, being consumed with long pent-up feelings of guilt and self-pity about certain specific events which he brought the next day to the analysis. This same gesture is not infrequently observed in other patients, in which they steady the chin with their hands, sometimes for many minutes, to hold back an otherwise uncontrollable state of whimpering with frustration, rage, or impotence.

A patient in analysis was reliving a series of traumatic incidents in his childhood when he was subjected to repeated cystoscopies. He recalled how he used to cover his face and suppress any sound in order to hide his feelings and his intense suffering from the operators. Another patient, whose conflicts centred around violent oral sadistic impulses and his defences against these, remembered how his facial muscles used to twitch when he faced his teacher or any authority. Then, and even into his present life in similar situations, his emotions would well up and concentrate in his face. Under such circumstances he feels 'as if my face would blow up'. He volunteers that his method of avoiding embarrassment and exposure is to force laughter in the facial muscles. He also brings his arm to his face in order to cover it; and he became a chain smoker just so that he could do this frequently, bring his hand to his face and occupy the muscles by smoking.

The process of maturation and growth is accompanied, during the course of ego development, by an increase in control over these primitive expressions paralleling the acquisition of the faculty of poise. For poise in this sense is symbolic of mastery over affects, and hence is centred in this focal area for mimetic expression. The organism learns to 'bind'

emotions or to tame them (Fenichel), or to alter, or postpone, or otherwise dispose of their expression. Again individual variations abound. A high development of this specific control results in the characteristic of the 'poker face'. Or a deliberate training or natural ability along this line may, as in the case of an actor, enable him to subordinate this apparatus to his conscious will, and to simulate and 'put on' or mimic emotional expressions. Another might have a noteworthy under-development of this control, resulting in emotional incontinence. A feeling tone automatically and involuntarily spills over and is translated into motor expression. 'Everything immediately shows on my face', such people complain, or they 'wear their emotions on their sleeves'. In the 'norm' or usual case, a certain amount of control (poise) is achieved, which may, however, be overbalanced by the pressure of emotions seeking discharge in special affect-laden moments.

This developmental and functional description of mimetic facial activity is paralleled by and derives confirmation from certain structural considerations. The neurological mechanisms for mimetic expression are mediated in pathways separate from those for voluntary facial activity. A voluntary or forced smile can be differentiated from a genuine and involuntary one. Organic lesions can affect one and spare the other. Voluntary facial paralysis can exist while mimetic expression is normal, and *vice versa*. In general it is believed that the neurological pathways for mimetic control originate in the thalamus and/or pallidum in contrast to the voluntary corticospinal supra-nuclear innervation. Thus we see that neuro-physiologically, mimetic emotional expression belongs with the older subcortical structures, while control of these is taken over by the newer developed cortex. Embryologically, the olfactory or snout area is connected with the archipallium, while controlling forces are vested in the neopallium. Edinger, the neuroanatomist, describing the anterior perforated substance, which corresponds to the tuberculum olfac-

torium of macrosmatic mammals, states that 'the afferent fibres to this area are probably especially concerned with feeding reflexes of the snout or muzzle, including smell, touch, taste, and muscular sensibility, a physiologic complex which can be called collectively the "oral sense"'. These anatomical observations point too to the archaic and primitive origins of the functions invested in this perioral zone—lending confirmation to our clinical and descriptive accounts derived from genetic considerations.²

This snout area, anatomically the most cephalad point of the organism, and invested as it is with mimetic function, undergoes a characteristic shift and displacement during the course of development. In man, in both the neural and mesodermal developments, this rostral tip during the course of embryologic growth assumes a more and more subordinate position and is overgrown by newer and probably protective elements. In the neural system, the older olfactory cortex, or rhinencephalon, or archipallium, which represents almost the entire forebrain of lower vertebrates (Arey, pp. 414 and 417) in mammals gives way to and is surrounded by the more highly developed non-olfactory cerebral cortex or neopallium. Similarly, in the facial or visceral development (Arey, pp. 136-143), which is in intimate connection with the history and fate of the branchial arches, the early stages of the ontogenetic development of the face are characterized by the prominence of the nasal cavities and the derivatives of the first branchial arch (maxillary and mandibular processes); just as phylogenetically the snout constitutes most of the face of lower vertebrates. Again the course of further development is accompanied by a recession in this supremacy in favour of the surrounding areas, in keeping with the progressive subordination of smell as a dominant sense in the phylogenetic scale. Probably in addition the anterior and ventral shift of the rostral point in man is related to his assumption of the erect posture.

² The following observations lend further confirmation to the above. Grinker lays special emphasis on the role of olfaction in the refinement of anxiety as a signal, for it is this 'which enables the organism to project itself in future time and anticipate far ahead the satisfaction of needs or the presence of danger'. He also points to the role of the rhinencephalon and the visceral brain in standing between inner needs and outer symbols of satisfaction.

Davenport Hooker, and also Humphrey, studying the behaviour of human embryos, find that the first response to exteroceptive stimulation, occurring at

seven and a half weeks of menstrual age, is limited to the circumoral region supplied by the maxillary and mandibular divisions of the trigeminal nerve. This is the first evidence of adjustment of the embryo as a whole to its external environment.

Bender and his co-workers, in studies of double simultaneous stimulation in children and adults, find the face, to be dominant to all other areas in these tests. (See also Luis Linn, 'Some developmental aspects of the Body Image', to be published in this Journal, '36, 1955'. Ed.)

Nature characteristically protects and encases its crucial but vulnerable parts. Thus the 'vital centres' neurologically are buried deep in the medulla, where they are covered and protected by thick layers of more neutral and expendable tissue. The heart is protected deep within the bony thorax, and the sensitive solar plexus is well covered under the thick fatty layers of the abdomen, etc. It is probably by a similar mechanism that the vital area for emotional expression in man becomes shrunk down to such a small space, shifted ventrally, and surrounded by a more neutral protecting area. A small, well-guarded fortress can be more easily defended, and behind its walls the primary and more disturbing affects can be more safely locked. The acquisition of poise is in the same direction as these structural and functional developments and is a token of the amount of success achieved in the struggle to tame affects.

Still another reason why this oral snout zone, this rostral tip, becomes pinpointed as an area of special sensitivity and cathexis in inter-human contact is the fact that to a certain extent this area, or at least the face in general, often becomes identified with the total person himself, the part being substituted for the whole. It is as if this portion labels the person and gives away his identity. It becomes the person, becomes the ego. The masked robber, for example, covers himself up and hides who he is by covering up with a triangular handkerchief just these few inches, though the rest of him be exposed. With a facial plastic, a person tries to change who he is. A certain riding master calls all his young charges 'Schnoozle', and they in turn identify him by the same name; 'Schnoozola' is another related well-known identifying name. A patient, at the end of his analysis, left with the analyst a ceramic piece which he had made. It was a face, the chief feature of which was a pouting underlip. It left with the analyst a token and a most succinct, accurate description of the patient himself. The following clinical excerpt will provide a more elaborate illustration of this same point.

A patient, close to schizophrenia though not actually psychotic, e.g., in his regressive behaviour, his complete maladjustment to external reality, his disorganization, his defiance of society, his extremely labile moods, his unconventional dress, and severe and unremitting insecurity, one day brought to the office a drawing he had made of himself. (He has no formal artistic bent and has never drawn.) He had looked

at himself in the mirror and put down on paper how he appeared. The result was the following drawing. He was struck by the resemblance



(which indeed existed), and, in a state of great agitation, stated, 'Whether or not this looks like me actually, it is exactly the way I feel to myself inside. All the anguish—that's it exactly.' Pointing to the self-portrait, he continued, 'This is the part I mean. This is the main part', pointing to and outlining the snout. 'This is me. This is what I really am. This mouth—this is the mouth of a baby.' He then pointed to the square steel-like jaw. 'This is what the world used me for. This is what they took me to be. It was because of this that they forced me to play football, to be a rough guy. But what I really craved to do, what I always wanted and never dared to do was what sissies do. I wanted to write on a paper. I wanted to be in the glee-club. I can't sing but I wanted to be in the glee-club.' The patient is a physical specimen, a brutish-looking hulk of a man whose external life was physical, rough, and earthy to the extreme. Now an actor, he acts the parts of psychopath, killer, fighter. He

tells the analyst at this point how 'I never see the real world sharply outlined as it actually is. The sharp outlines have jagged edges which can cut and rip and make you bleed. Instead, I always see it with the margin blurred, diffuse, and round. The edges never really come into focus, but graduate out of themselves into space, leaving everything soft, and I want to hold it close.' It was this, he explained, that enabled him to trudge along in the deep snow of a blizzard during the Battle of the Bulge completely oblivious to the physical hardships and in a sort of an entranced state which he later described as 'one of the happiest times of my life'. He was fantasizing being in the warm sun of New Mexico, riding a horse peacefully on a big ranch (completely fantastic in relation to his previous real life) and 'holding this round thing close to me within my arms'. The analyst ventured at this point that what he held in his arms was a breast. The patient became jubilant and agitated. 'That's it, Doc., that's it. That's it. This mouth, this mouth in the picture is the mouth of a baby waiting to be fed. That's me, that's the way I feel on the inside'. He had labelled the picture 'child at thirty'. The snout area in this case stuck out through the armour and the mask around it. It was his Achilles heel, visible to the surface and rendering him vulnerable. It was also 'the true self' into which were concentrated the expression of his deepest impulses and needs and the nature of his efforts to achieve satisfaction and security. 'It goes way back' the patient stated, 'it goes way back to the beginning'.

In these last two factors, i.e. the connection of the face with mimetic expression and the identity of the face with the total person, the relation to exhibitionism again becomes apparent, and symptomatology in reference to this area receives strong reinforcement when an exhibitionistic component also exists. Face, emotions, exhibitionism are connected. Blushing starts in this area and radiates outwards. One patient with a strong conflict over exhibitionism remembers as his most happy and triumphant moments several occasions when he acted and clowned on a stage but with a mask over his face to hide his identity. A central feature in the exhibitionistic activity of acting is the display of simulated emotions. A prime example of poiselessness is in stage-fright, and common accompaniments of this state are dry mouth or twitching of the mouth. Not knowing one's lines will

leave the mouth hanging open, suspended, unoccupied. Sometimes the mouth feels big and exposed. Using the mouth, as by ad-libbing or a push of speech, is a manoeuvre to counteract this. The wish in stage-fright is to cover, hide, or bury the face. In his insightful paper, 'On Acting', Fenichel discusses and elaborates many of these related mechanisms as they occur in actors.

Through these activities we can trace the following sequence and line of development: (1) Infant with its mouth and snout buried in the breast. (2) 1½-year-old in its mother's arms, when approached by a stranger, turning and burrowing into his mother's shoulder. (3) Older child turning its face into a corner so as not to be seen, and (4) Adult, unpoised, blushing, and wanting to cover or hide his face. In the first instance, the mother will always protect or appraise well.

Connected as it is with control over emotions, poise will therefore also be related to and make use of the structures contiguous to the face which share with it the function of mimetic expression. Among these are the respiratory apparatus and the voice. The close relationship between emotions and respiratory activity has already been alluded to and demonstrated in the case of the asthmatic patient described above. This relationship is further confirmed neurophysiologically by the facio-respiratory pathways which mediate emotional expression. There is an intimate tie-up between the facial muscles already mentioned and the effector organs of respiration. Afferent stimuli which result in either crying or laughing produce their effects by a complex reflex arc with effector responses in respiration as well as in the facial musculature. Thus laughter is accompanied by prolonged inspirations followed by short broken expirations instead of the usual inspiratory-expiratory cycle. Weeping and sobbing, on the other hand, are manifested in addition to the typical facial movements, by short broken inspirations followed by prolonged expirations. The latter is similar to the respiratory changes in asthma. The throat, too, with its enclosed voice-box, which anatomically links the mouth and nose with the deeper respiratory tree, shares strongly in the expression of emotional experience. One gulps with emotion, or chokes a sob. A patient with globus hystericus would describe his attacks as beginning in the back of his tongue and nasal passages and then progressing downwards to the throat. It is well known how the

voice can serve as a sensitive barometer of one's feelings. One patient loses his voice, another stutters, another has to clear his throat frequently, another speaks with a hoarse voice during emotional episodes. Suggesting that there might be an accompanying physico-chemical change also at work here is an observation made by the patient above with globus hystericus, who noted that during anxiety spells or during an attack of globus any gum which he is chewing at the time becomes finely shredded in his mouth like shreds of cotton. This might relate to the work on parotid secretory activity performed by Lourie, Barrera, and Strongin, and by Strongin and Hinsie, who found in general that parotid salivary secretion increased and reverted to the higher levels of infancy and childhood as behaviour regressed to earlier levels. This they interpret as being due to the release of lower subcortical centres from higher cortical control. Discussing the schizophrenic patient, the latter authors state that as the patient returns 'to primitive grasping and sucking reflexes, the parotid rate too goes back to infantile levels'. However, in anxiety states in which there is a predominance of cortical control, there is a diminution in the secretory rate below normal (i.e. the dry mouth described above). Poise implies a certain degree of control or mastery over both the respiratory and vocal apparatus at least as they relate to mimetic expression. Relevant to this observation is the well-known way in which 'small talk' is used to achieve or at least to give the appearance of poise. It is as if by this means one asserts his control over the line of human intercommunication, voice, and thought.

Various types of pathological alterations can occur and are seen in relation to the mimetic expressive system, with accompanying changes at least in the outward appearance of poise. These can be of either organic or psychogenic origin. Organic lesions, as mentioned above, can affect the effector pathways even though the inner affect and tone may remain unchanged. Thus a person will feel laughter or crying but be unable to show it either on one or both sides. (Usually owing to interruption of the supranuclear mimetic pathways connected with the thalamus.) Forced laughter or crying is seen in pseudo-bulbar palsy, where interference with voluntary control results in over-activity of the subordinate, involuntary control. Multiple sclerotics often show this symptom. The out-

ward expression of laughter or crying may not necessarily be accompanied by a corresponding inner feeling; in fact, the feeling and the expression may be contradictory. Parkinsonism with bilateral pallidum involvement results in the typical frozen facies. Emotions are felt, but their outlet is curtailed so that these people seem to be impervious and not to react.

Psychogenic alterations of this expressive system are no less frequent than those mentioned above. There are adults, as previously mentioned, in whom there persists the infantile characteristic of emotional incontinence so that their feelings flow over into action uncontrollably. In states of tension or of 'readiness for discharge' minor stimuli can precipitate such reactions, which may be inappropriate not only quantitatively but qualitatively as well. The depressed states are more apt to show the frozen apathetic facies than other psychopathological conditions. Here the regression to oral level and the state of narcissism makes the individual less susceptible to external stimuli and therefore motorically unresponsive. The same can be seen in deeply regressed catatonia. In general those people with a more lively and open object relationship show a greater lability of facial expression and of the state of poise. Those with less show less lability but less outward response in general. They appear grim, or indrawn. Those with healthier or more positive object relations have a more steady state of poise, showing contact with control. Tension can show itself as a tic in the perioral region, revealing a conflict between wanting to discharge affect (often hostility) and the effort to inhibit it. This is similar to an irritative organic lesion such as might result from pressure on the supranuclear facial pathways. A tremor of the lips and chin is common. A common mannerism of tense people is to cover the snout with the hands as though thus hiding any possible giving away of the emotions. As often as not, this applies not to a visible tremor or tic but to cover a feeling of which only the subject is aware.

Just as this area is the first to make contact in an interpersonal relationship, i.e. in the beginning of life with the mother's breast, so it is also the last to withdraw from external reality in the downward regressive path of mental disorders. One of the final regressive symptoms in the most out-of-contact catatonic is to refuse food, to be mute, to become impassive and frozen.³ Erik Erikson has pointed out that in an early infantile

³ The clinical phenomenon of 'schnäuzkrampf' is most illustrative in this connexion.

stage of ego development, the child, to avoid the shame of being looked at, would like to 'sink, right then and there, into the ground'. But in so doing the snout or rostral tip would be the last to hold on to the outside world. It is like the picture of a fish under water with its oral region protruding out above the surface. This part, in man, must in reality remain in contact with the world for life to persist. I remember a patient in whom the schizophrenic process could be seen *in statu nascendi*. She was just at that point where she was giving up her grasp on the real world and was already partially sunk into a narcissistic delusional state. Her symptomatology at this time consisted of sensations in the perioral zone with a feeling as if the muscles there were twitching and moving and insects were crawling around under the skin. She played her hands plaintively around this area, alternately covering and exposing it, with a pleading expression on her face. This was partly a restitutional symptom, representing her last hope that someone would stop her in her downward path by offering support to this clinging area so that with it she could grasp and be pulled back to reality. A similar mechanism can be noted in a case described by Greenson, in which a patient with depersonalization finally felt that there was nothing left of her but her mouth. She now felt that she was all mouth, as if this was the last part with which to hold on.

Before leaving this subject of the role of the oral or perioral component, it might be well to say a word about its relation to the other levels of instinctual development, which seem by comparison to have been neglected in our study. A survey of the situation from a somewhat distant vantage point leads, I believe, to the following explanation of these apparent lacunae and what it is that we have covered in this aspect of our presentation. The unpoised person is reeling back from some difficult situation and is simultaneously groping for some island of safety. The poised person is already on this island and has been safely on it to begin with. Our study has focused its sights on the problem of where the unpoised person wishes to go, and where the poised person already stands. The other side of the picture, which still needs further comment, is the question of what it is that makes him reel back. What is it which at this point makes it particularly imperative that he receive the approval or support of others? There is a chronic background need for this, and yet at times it becomes more acute than

others. In summary we may say that these latter times coincide with periods of increased awareness of forbidden actions or impulses. And the nature of such crises, as we have come to know them, consists in the last analysis of the pressures of the instincts, sexual or aggressive. The precipitating causes may relate specifically to any level of instinctual development, oedipal, masturbatory, anal, dirty, aggressive, greedy, etc. One's susceptibility to these pressures requires that he be on good terms with both his own superego and the external world. And susceptibility to instinctual pressure certainly varies, not only from moment to moment, but also during certain special periods, as for example during adolescence, when special conditions exist. It is this lability of instinctual pressure, primarily in a social situation, which serves as a frequent precipitating factor in touching off the various vicissitudes in the state of poise.

V

Let us return now to the main body, to continue our consideration of the executive apparatus through which poise is mediated. We have been engaged for some time now in a rather detailed description of the first of these, the perioral region, having been led into this detail by the primitive and focal role of this area and its relation to mimetic expression. The other organs which we thought would justify special attention were, we will remember, the general musculo-skeletal postural system, and the hand in particular.

With regard to the first, the general musculo-skeletal system, poise, according to our descriptions of it thus far, implies and carries with it a certain amount of muscle tone, and therefore a relation to body posture. When ready for approaching stimuli, the entire musculature is in a state of at least partial tonus, and therefore cathected. Its fate and its position in space is of moment to the organism; how it will fare, how it will be thought of, and how it will be received is of consequence. The aim here, as with the sucking muscles, is to grasp and hang on, to be attached, to be anchored and supported on all its surface. Consider the following sequence: In the original psychological interpersonal situation, the infant at the breast, it is not only the oral zone which is securely attached to its object, but the entire body surface is surrounded, cradled, and supported. Perhaps it is the possible loss or absence of this physical support

which is a basis for the archaic and probably congenital fear of falling, present from the very beginnings of life. A year or two later, we see a child, when confronted by the presence of a challenging stranger or a potential shaming object, make for a parent's leg and try to curl his whole body round it. Still later, we note how a grown person, in a similar psychological situation, tries in a more subtle and disguised way to lean against or on something, or, in the absence of this possibility, at least aims to have his posture and musculature as self-supporting and as independent and as protected as possible. He is aware, during this state, of any potential weak spots in this armour, and may endow certain special areas, according to his history, with special susceptibilities. The aim is to fit in, to be surrounded, and to 'belong'. The fear is to stick out, to be noticed, and to be ridiculed or rejected. Common feelings in point are, as in the first patient described in this communication, to feel gauche, awkward, clumsy *in toto*, or 'like a klutz'—generally indicating maternal rejection, criticism, or scorn, though often covered with maternal reaction formation. Or a special sensitive part may serve as the concentrated focus for such feelings, such as a thick ankle or a hairy lip, a mole, a shape, or the gait in general. The role played here by displacement from castration or genital shame is obvious, so that there usually is overdetermination for such feelings.

It is worth while to point out how divorced such feelings may be and usually are from reality, depending instead on the state of self-esteem, the concept of the self and body image, and the strength and status of the superego, which determines, by projection, how much criticism is to be expected from the outside. A young woman, for example, feels gauche and clumsy and childish in her movements and stature and appearance, while in reality she gives the impression from any angle of complete suavity, poise, and assurance. Yet this same patient, with such a grossly inappropriate feeling with regard to her reality appearance, was completely unperturbed and unaffected and unself-conscious during a month or two in which she was afflicted with a Bell's palsy. For apparently with the latter the disfigurement could be plainly observed and would remain at its source. With regard to the inappropriate affective state, however, since the real source and origin of the unpleasurable feeling was not in the posture itself, but rather displaced from an inner psychic

source, i.e. that of not feeling liked and accepted and wanted, and since this real source was impervious to observation and therefore to change, the irrational feeling was able to retain its strength.

Body posture may be smooth and flowing and accompanied by a corresponding inner feeling that this is so. Or it may be outwardly halting, broken, inhibited, and staccato-like, as an outward expression of an inner sensation of awkwardness or unpoise. However, there exists in many cases a discrepancy between the two, between the inner concept and the outer performance as it appears to the onlooker, so that, for example, in spite of external defective areas, inner assurance may be strong; and in reverse, there may be a successful postural exterior which covers up and belies an inner faltering and fragility.

Further examples of the relation between posture and poise are the following. A patient, a man of almost fifty, came face to face quite suddenly with a woman acquaintance of some renown whom he had known from some slight distance in the past. He noticed later in retrospect that, while he had handled himself better than in the past, he had, in order to be and to appear casual, leaned his foot on a bench and his elbow on his knee. This position, he was aware, was designed to lend support, literally, to his crumbling figure. An extreme example of this crumbling of the posture is seen in fainting. In contrast, an attempt to deny any dependence on the outside is seen in the way in which an adolescent, or an adolescent-like adult, will lie sprawled out on the floor or on a chair in a position designed to give the impression of the utmost poise. This position, a kind of opposite of erectness or muscle tone, is as if to say, 'I don't need any muscle tone, you affect me or threaten me so little—I am so self-sufficient.' It is in reality just the reverse—and in one patient such action was used to cover up a state of quite considerable agitation. This same desire, to appear casual and poised and thus to deny any need for others, was expressed in another patient by a more complex piece of behaviour. Her habitual lateness had behind it the wish that people should come to call for her and find her not ready. Her goal was then to be 'caught' by them, i.e. she would fantasy coming out of a dressing room with hair uncombed and saying, very casually, 'Oh, just a moment, I'll be with you at once.' This was of course designed to deny her great need for and oral dependence on others, and to thwart her impulse to be ready

and eagerly waiting hours before the appointed time. In another patient the use of her posture and gesture as a necessary defence was demonstrated by the fact that she would lose her poise when talking to certain people on the telephone. Voice alone was insufficient, and she needed these other measures to bolster her up. In localized body language, one patient expressed the feeling that a tic of his shoulder was meant to convey 'nonchalant defiance'.

Of special focal interest, and sharing with the mouth in specific importance in relation to the feeling of poise, is the rôle played by the hand. This organ, too, of such primary function in grasping, sticks out and constitutes an issue, the solution of which seems crucially associated with whether or not poise is achieved. In a successful or comfortable solution, the hand is satisfactorily integrated into the body unit. When there is a disequilibrium, a state of unpoise, the hand, as much as any other organ, seems suspended, or in the way, or as if groping and looking for the object. 'What to do with the hands?' is an uppermost question during states of discomfiture; and people are taught what to do with them in order to appear at ease.

The unity of mouth and hand is brought out here as it has been described by Willie Hoffer in relation to ego function. Hoffer points out that already in intra-uterine life the hand becomes closely allied to the mouth for the sake of relieving tension and that within this alliance is the first achievement of the primitive ego. Owing to the posture of the foetus within the uterus, the hand or fist is nearest to the chin and mouth. Neurophysiological confirmation of this alliance is provided by the palmomental reflex which is accentuated when separated from the higher centres by pyramidal tract disease. Writing on this reflex, Blake and Kunkle comment: 'The primitive meaning of the palmomental reflex suggests a fragmentary "wince" reaction.—The chin muscles play a prominent rôle in the expression of discomfort. It seems particularly relevant that quivering of the chin precedes or replaces an outburst of weeping.' In earliest life both mouth and hand seek to grasp the mother object. From the twelfth week the hand helps in the feeding process by being placed half open on the breast or bottle (Gesell and Ilg). In the absence of the latter, they also find and explore each other, leading to the first self-discovery, which is enlarged later into an oral-tactile concept of the body and the world around. In the infant it is

thumb and finger sucking, while in later life there results an abundance of derivative activities, all types of mannerisms in which the hand or fingers 'play around' the mouth or chin or nose or face. It is the hand, as well as the lips, which is steadied and reassured by the poised cocktail glass. Of similar effect is the cigarette, which spends more time comforting the fingers than it does between the lips. Knitting owes its popularity to this same mechanism. The hand-shake unites people. In the absence of such satisfactory activity, during states of unpoise various movements are seen to be engaged in by the hands. One patient wrings her hands constantly, or grasps each finger in succession; another keeps pulling pieces of wool out of the couch, while still another holds on to his belt. I wish to exclude from this description hand movements which are symbolic of other specifically meaningful activities, such as a woman who keeps taking her wedding ring off and on, or a man who expresses his aggressive impulses by clenched fists, or obvious masturbatory movements, etc. (Ferenczi has emphasized this last point in his essay on 'Embarrassed Hands'.) The functions alluded to here are specifically those of holding on for support.

A case in point is the following. A patient, whose current and professional life is characterized by the very essence of poise, considers herself inwardly 'a great hand-holder'. She remembers, or was told, how at the age of three she was out for a walk with her mother when they were approached by a friend. The patient, it is said, told her mother to let go of her hand, she didn't need to hold on any longer. Accompanying her present state of confusing and unexpected poiselessness in the analytic situation is a constant motion of her hands, which seek out and wring each other or play with and grasp one object after another. Unconsciously these movements constitute a plea to have her hands held by the analyst.

VI

This brings us into another interesting and fruitful area where the phenomenon of poise can be observed almost as if in an experimentally induced and controlled situation, in all its various developmental phases and vicissitudes, i.e. the transference relationship. The transference, as it begins to emerge and to assert itself, in many ways reverses and recapitulates the process of maturation and breaks it up into its component parts, illuminating in turn now this

aspect and now that. Fragments of the instinctual life, as well as the manifold defensive manoeuvres employed against them, are displaced from the past to the current analytic situation and are thus brought up for inspection and notation. Among these, a prominent and I would think it valid to say a universally observable phenomenon in the transference is the profound alteration and breakdown of the patient's poise. This is not yet present in the earliest days and weeks of treatment, when the analyst is still reacted to as a reality figure, much as the patient would react to any passer-by in his stream of life. However, the emergence of transference in the narrowest technical sense brings with it certain very special accompaniments.

Either gradually or abruptly, the patient begins to feel and to demonstrate the psychological and somatic expressions of poiselessness. The characteristic armour, which heretofore has encountered the analyst and his words with all its customary thickness and polish intact, begins to revert to earlier phases and to become thin and vulnerable in spots. Heretofore accustomed to the usual flow of stimuli which will impinge on him from without, and also in fairly full knowledge of what reactions from the outside his own actions will provoke, the patient has until now been relatively in control, knowing what to expect and therefore roughly what to do. In the new experience of the analytic situation, it gradually becomes apparent to him that this is a totally new type of interpersonal relationship. He is no longer met by the usual attitudes, nor do his actions provoke the accustomed responses. The result is finally a disruption and a suspension of his usual methods, which, while they are *in statu nascendi* again, leave him in a temporarily unprotected state. The analyst's analytic attitude and repetitive neutrality carry the patient back to a period when he did not yet know what to expect, and when his armour and defences were being built in order to meet the experiences which were forthcoming. Of course, in the transference relation he then reveals what these experiences were.

This general regressive path thus involves one's poise as well as other defences, and affects patients with varying intensity, depending on the specific history of the development of this trait. In some, during the transition phase the inability to tolerate the resulting lack of mastery or control leads almost to a shattering of their poise. They may feel childish or awkward; the

hands feel big, the posture gauche, the mouth unsteady, the eyes timid. In other cases this is seen in milder form, as, for example, when a patient rides up in the lift with his analyst, and this same mechanism produces a feeling of embarrassment or of being ill at ease. There is also in this a projection of the superego, for of the analyst it is felt, "You have looked into me and really know; therefore you will criticize."

These feelings occur with greater intensity, of course, in those in whom security has been maintained with greater strain, even though poise may have been conspicuously present previously. To elaborate further, as a case in point, from the patient described just above with reference to her hand-holding. This woman, whose professional and even personal life was characterized by her noteworthy poise and charm, was particularly perplexed and bewildered by this train of events. She could not understand and felt exposed and frustrated by the feelings which came over her in the presence of the analyst. Whereas in her work and daily activities she greeted all with a kiss, turned on a smile at will, and posed effectively for photographers wherever she went or wherever they appeared, when she came into the analytic room her eyes would seek the ground and she would hurry to the couch as if to escape into it. She would not know what to do with her hands throughout the hour, and would either wring them or steady her chin with them. Mastery had been undone and was again *in statu nascendi*, as in original development. It was as if the patient was re-experiencing her earliest interpersonal relationships when she was trying to achieve mastery and to assure herself of the availability and co-operation of the drive object. She was again poised *en route*, in uncertainty as to which way the path would turn, towards acceptance or rejection. Sometimes this takes place whenever, in the transference relationship, the relation of the patient to the analyst is passing from one transference figure to another. One patient describes how he feels like this every time he meets a new person. Through the transference and working through, mastery should be re-achieved, hopefully with the removal of neurotic lacunae.

The reverse process is sometimes observable when we consider the counter-transference. With the analyst, the mastery while at work is often threatened when confronted by the patient in a social situation. Seen in an unaccustomed role, and in a glass bowl as it were, his own

defensive ego-poise, to the extent that counter-transference exists, can likewise be felt to waver.

The issue becomes more intense and active under certain dynamic conditions. For example, one patient observed how she promptly lost all poise in her past life whenever she was in the presence of someone she liked. She would suddenly feel as if her feet were big and prominent, and would be focused on and seen by the man in all their ugliness. Aside from the implications of castration and denial of the same, existed the fact that this was a dynamic condition in which there was an increased desire for stimuli. She became suddenly open for stimuli in the presence of a desired object while the ability to master the needed object was questionable. The result was imbalance, suspension, doubt, and the feeling of collapse. This was re-enacted by this patient clearly in the transference. Developing early in the analysis and with quick intensity, the patient displayed this same readiness to collapse in the transference situation. It even extended outward from the analyst's office into the environs, so that, during this phase, the patient noted a change from poise to unpoise as soon as she emerged from her parked car on the way to the analytic hour.

Similar states of imbalance and therefore disruptions of poise occur at certain transitional stages of development, such as puberty or menopause, when a re-alignment of forces, of instincts and defences, takes place and therefore causes temporarily labile states. At puberty, for example, the increased surge of impulses

exceeds the ability of the ego to master them or to produce sufficient drive objects, thus resulting in a state of imbalance and with it the common accompanying feelings of awkwardness and lack of poise. During these periods the forces between ego and external world are being weighed out again and are very much in transit.

VII

In summary, the state of poise has been described. It is in its essence an integrative and sometimes a defensive function of the ego, constituting a state of anticipation of and readiness for oncoming stimuli. It comes into play only in a social or interpersonal situation. The event feared and warded off is the cutting off of the stream of narcissistic supplies and the substitution for it of the state of shame; and unpoise is such a state of traumatic shame. The aim in poise is to hold on to and maintain the source of narcissistic supply, to belong, to be anchored to a larger and firm unit (person or group). The organs especially cathected for this holding on or contact function and through which these functions are mainly mediated are (1) the perioral or snout region; (2) the postural system and (3) the hand. The extensive and primitive role played by the first of these, the snout area, is elaborated upon to the extent that it becomes a secondary theme of this communication. Finally, the special fate and vicissitudes of the state of poise in the transference situation and in certain transitional developmental states in life are described.

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THE ANALYSIS OF AN ADULT NAIL BITER¹

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As the title implies, this is a study of an oral aggressive character structure. Oral traits are not as clear-cut as those of anal origin, as Abraham (1) pointed out, because so much of the libidinal cathexis of the mouth can be openly gratified in later life. What orality lacks in distinctness it makes up in its ubiquity. This analysis revealed how wide the impact of orality can be.

The patient, a 25-year-old single man, came for analysis because of vague feelings of inadequacy, absence of 'zest for living', and a feeling that life was empty and shallow. He felt 'cold inside', and recognized that he lacked the emotional responses that he observed in others. He did not complain of tenseness, although he admitted being a 'chronic worrier'. He hoped analysis would cure him of his frequent severe headaches, which he had had for as long as he could remember, and for which doctors could find no organic basis. He also complained of uncontrollable nail biting, which had been present since childhood. He was embarrassed by the appearance of his bitten nails; yet he realized that he resented anyone's attempting to interfere with this need.

He was employed as a salesman, working for his father's firm. Although he spoke persuasively enough, his work as a salesman had been impaired by his lack of initiative, his inability to go out to sell, and his reluctance to face clients. In appearance, he was an average-sized, well-dressed, good-looking man. He was usually serious and unsmiling, with an undercurrent of tension barely under control.

He had no knowledge of analysis, and appeared to have drifted into it because of the enthusiasm of a girl friend in therapy, apparently needing this push from her. Obviously of more than average intelligence, he had few social or cultural interests.

He immediately launched into his present home situation. An only son, he was living with his parents. Although unhappy at home, it had

never occurred to him to move out. He had always quarrelled with his mother, wanted but was afraid to quarrel with his father, whose ill-concealed philanderings he bitterly resented. His father stayed out nights and weekends, seldom ate dinner at home, so that the patient felt responsible for keeping mother company. He consciously resented this. His mother's nagging and questioning as to where he went and with whom was another source of irritation. He would quietly tiptoe into the house if he had been out late, to avoid the questioning in the morning. It is interesting to note that later in his analysis, for a period of several months, he made a point of defiantly banging the door when he came home late. After working this through, he felt comfortable enough to come home at any hour he pleased, quietly and without guilt, or need to be fearful or defiant.

His social life was active, but shallow. Although he dated many girls, and often professed his love, he never felt any emotion towards any of them. Even during love-making, he found himself thinking of business or other matters. He would often ejaculate by pressing against the girl, avoiding intercourse which would reveal his embarrassing premature ejaculations. He preferred intercourse in a car, deliberately avoiding a bed, and always had a 'bad, dirty, let-down' feeling afterwards and felt a need to eat something. He could enjoy intercourse at times, by feeling like the observer rather than a participant. He preferred large-breasted girls, models, or pretty movie actresses, and enjoyed exhibiting them. He was aware of his fear of a permanent relationship with a woman.

He had only one male friend, Mike, towards whom he felt contemptuous compassion. Mike was over-dependent and inadequate, and frequently went on the patient's dates with him as a third member, but there were never any overt homosexual episodes with Mike.

As he related his past history, it became apparent that he had never felt as though he

¹ Awarded the Clinical Essay Prize of the Institute of Psycho-Analysis, London, for 1953.

'belonged', either in elementary school or in high school. He had few friends; his chief interests were tennis and swimming, in which he indulged to the point of exhaustion. He dropped out of college in the first year because he 'could not concentrate'. After college, he had no regular employment until he was drafted.

He became a non-commissioned officer overseas, but saw no actual combat. He served as a control tower operator at a busy army airfield, did the job well, and received an honourable discharge. The constant pressure of his work, assigning landings and take-offs for heavy air traffic, was experienced as pleasurable, filling his work time completely, masking his inner emptiness.

Following discharge from service, the general feeling of dulness and boredom with life increased. He became a 'disc jockey' and believed he was liked for his biting wit and spontaneity, which he rarely exhibited during his analytic hours. He left this job 'because it created too much tension', and subsequently became a salesman.

As for the analysis itself, it lasted for 482 hours, and covered a period of approximately three years, on a four-times-a-week basis. The beginning was characterized by an abundance of historical material, but little affect. He remained distant and avoided any emotional involvement with analysis.

His first dream, in which he is in a tub and in danger of being sucked down the drain, proved to be highly over-determined, a marvel of condensation. His entire analysis could be considered an interpretation and working through of the various determinants of this dream. The dream concealed his mother's seductiveness, his fear of sexual excitement, and his castration anxiety experienced in terms of being sucked and swallowed.

The great deprivations he suffered in childhood became quickly apparent. His compulsive and unpredictable mother insisted on dressing him and treating him as a little girl. He preferred to play with girls, and she not only encouraged him to do so, but also made him wear curls.

His mother's seductiveness was seen in such habits as dressing herself so that he could observe her. She bathed him until he was 13 years old, when he insisted that she stop because he felt embarrassed. He frequently saw his mother in the tub or on the toilet, and wished bitterly that she would close the bathroom door.

She often gave him enemas, while he lay across her lap. He remembered the sexual excitement from the smell of her body on these occasions, and vividly recalled his interest in toilet smells whereby he could always recognize whether mother or father had been to the toilet.

While sexually provocative, mother lied to him about the facts of sex. He recalled how much he resented her telling him that babies were bought in stores. Much later in the analysis it became apparent that he really preferred the lies to facing the truth of parental sexuality. This was repeated in the transference in his fear to admit his doubts about analysis, for fear of discovering the truth. It was mother who always meted out the punishments, usually spankings, while father, who never spanked the patient, was used as a threat by her. He rarely knew why he was being spanked; the punishments appeared to relate to her own needs and her own unhappiness.

Whereas he considered his mother stupid, he thought of his father as the 'brainy one'. The father was a dogmatic, blustering, self-educated, self-made man. He rarely did anything or went anywhere with his son. The patient longed for his father's acceptance, which was never forthcoming, and he feared him.

His parents quarrelled a great deal, usually about the father's infidelity. They seldom went out together. He recalled being unable to sleep until he heard father coming home, resenting father not sleeping with mother. This surface presentation of his oedipal conflict proved to be a denial of his oedipal resentments.

The outcome of this was a childhood of great loneliness and many fears. A memory which recurred repeatedly was that of being backed into a closet under a bright light when he was about 4 years old, while his quarrelling parents demanded that he make a choice between them. He wanted mother, feared father, and, finally fled, frightened and weeping, to mother. He recalled being left alone in the apartment as a child and the terror he felt, which he would never admit to his parents because he wished to appear brave. He sought consolation in masturbation, starting at about the age of ten. He was enuretic until 11 or 12; nail biting started about 13, and was never relinquished.

Since the age of 14 he had a recurring fantasy of being descended upon by big, ugly Amazonian women, who tied and beat him. Then the Queen Amazon appeared, untied him, treated his wounds, and cuddled and kissed him.

Many of the earlier memories he retained were those dealing with mouth activities. For example, he was told he almost died as an infant because he was given the wrong formula. He recalled that his mother had told him babies were made by being planted (which to him meant by biting) under the skin of the wrist. As Fenichel (2) has pointed out, this is a reference to an archaic form of incorporation, i.e. through the skin. He remembered how his mother made him lie to his father about being bitten by his pet dog because she wanted to get rid of the dog.

Despite his traumatic childhood, he reached adolescence without any obvious ego-dystonic neurotic symptoms until his senior year in high school, when he fell in love, platonically, with a girl in his class. She rejected him by preferring another boy. The rejection initiated the elaboration of his latent depressive character structure, plunged him into a six months' depression, during which he refused to go out to social functions, and sat at home alone playing recordings of sentimental popular love songs. He added, 'I almost enjoyed myself wallowing in self-pity and misery'. There were no subsequent actual depressions.

The masochistic enjoyment of rejection, however, was to be repeated. For example, he later provoked a rejection from a girl he liked by ignoring her; yet, when the girl became engaged to another, he felt that 'the bottom dropped out of me'.

The slightest accumulation of tension became intolerable, since it was experienced as an oral deprivation. He avoided build-up of tension created by externally exciting situations. For example, he could never wait to see if his horse came in at the race-track. He would walk away before the race was over because he could not tolerate the mounting anxiety which even his nail biting could not adequately discharge. Similarly, he succeeded in blocking perception of internal stimuli. He felt no emotions, because they were intolerable. For example, he felt nothing but 'cold inside' when his best friend was seriously injured, or when his grandparents died. This blocking, which appeared to replace depression, seemed more closely related to the apathy, boredom, and 'emptiness' described by Greenson (3) than to repression, isolation, or displacement of affect.

There was other evidence of his regressed, near-psychotic level of functioning. His analysis was characterized by the keen perception and intuitive understanding of unconscious mechan-

isms encountered in schizophrenics. Frequently one felt he might flood himself with unconscious material before the ego and its defences were sufficiently integrated. For example, while working through his homosexual attachment to father in the transference, paranoid ideas and behaviour appeared, despite the utmost caution in giving interpretations. He was certain someone followed him home and hid in the bushes. Although this lasted only a few days, they were trying ones for the analyst, as well as for the patient.

There were other peculiar symptoms. For example, he always wore a sweat shirt on the beach because of his bizarre shame of his 'small, thin chest and small nipples'. Analysis indicated that this shame related to his identification with his mother and subsequent self-beratement for the inadequate breast. It was also an upwardly displaced shame of his semi-castrated little penis. The equating of nipple, penis, and finger nail was repeatedly confirmed, as we shall see.

Another fact illustrating his marked impairment of reality testing was his unawareness until he was past 20 that there actually was a bloody discharge during menstruation.

An unusual symptom, which began at the age of 13 and continued for several years, recurred during analysis; while lying in bed reading, 'everything seems to speed up. My eyes race over the words faster than I can read. If I try to raise my arm slowly, it moves like lightning, like a movie in fast motion.' This lasted only a few minutes, but it terrified him and he wondered if he were losing his mind, although he could easily stop this sensation by shaking his head. Similar episodes have been described in schizophrenics as a restitution phenomenon.

When this phenomenon recurred during analysis, he dared allow himself to observe it objectively, without forcing himself to 'snap out of it' in terror.

As is to be expected, his orality did not occur in pure culture. Many residuals of anality were also present in his current life. He had a keen sense of smell, and had acquired an unusual interest in perfumes. He insisted that he could always detect the odour of a menstruating woman. (Once, he asked me if my previous patient had been a menstruating woman. She was!) His version of sacred and profane love was the idealized non-physiological, sexless woman, and the stinking sexual-toilet woman.

He disliked dirty ash trays, yet periods of

several weeks would elapse before he would take a bath. He was stubborn. He always paid his bill in even numbers, allowing the balance to be paid the following month. On observing his mother's methods of house-training their dog, during this phase of analysis, he became convinced that his mother had been as rigid with his own toilet training. The following day he had recurrence of his haemorrhoids, and complained of diarrhoea, reliving this period of psychosexual development in body language. Some apparently anal memories and fantasies were screen memories for the wish to be orally penetrated. For example, the recollection of rubbing 'behinds' with another boy when he was 5 or 6 led to associations indicating that these related to his passive oral wishes anally displaced.

His pre-genitality, of course, manifested itself in his sexual life. Apart from mutual fellatio with another boy of his age at 8 or 9, he had had no overt homosexual experiences. His first heterosexual experience occurred before entering the service; it was satisfying, but accompanied by premature ejaculation. This appeared to be, apart from the anxiety of the devouring vagina, partly due to his inability to tolerate any mounting tension.

In the service he felt superior to his fellow soldiers, who 'seemed interested only in sex'; that is, he made a virtue of his sexual inadequacy. Overseas he developed perineal pressure and was advised by a physician to have sexual intercourse as a relief for prostatic congestion. He therefore went to prostitutes for 'medical purposes'. Much later he admitted they performed fellatio. This was much more shameful to admit; for him, in the absence of genital primacy, 'real' sex was oral. Aside from visits to prostitutes, he had no interest in girls while in service, spending his leisure time playing cards and reading magazines.

His fear of and hostility to women manifested itself in his recurring pattern of behaviour with them. After getting a girl to fall in love with him, he would become disagreeable, and in his own words, 'would slyly unwind and kill the affair'. His hostile, disparaging attitude to women was exemplified by his comment that he placed no value on a woman's love, 'since it is so easy to make them love me!'

At the beginning of the analysis he was dating Margie, a 20-year-old, sexually inexperienced model. Her large breasts excited him. Sex with her was satisfying, with much fellatio and

cunnilingus, but he was not in love with her as he had been with his de-sexualized beloved in high school, who had rejected him. He could only permit himself to love a fantasy.

He dated Mary, a promiscuous secretary in the office, only occasionally, until she told him that his father had made advances to her. He resented this because 'Dad should have known that I was dating her—it showed no respect for me.'

This reiterated wish to have people respect him as a man related to his fear that others would recognize his wish and need to be treated as a child. His dependency and compliant submissiveness reflected this wish.

Subsequently, he became much more interested in Mary, not only out of oedipal competition, but because Mary now served as a homosexual link with his father. Mary fell in love with him, and went into therapy at his insistence. Although intercourse was not as satisfactory with Mary as with Margie, he continued with both and again manifested his hostility by managing to tell each about the other.

In the transference relationships which I shall now discuss, the general mistrust and typical defence of not permitting himself feelings towards anyone applied also of course, to his analyst, and required repeated interpretations. Once this was analysed, he became more aware of his tension and anxiety. The analyst became the longed-for and beloved, the feared and hated father, a role he was destined to play for a long time. The developing transference mobilized his homosexual fears. Homosexuals and drunks frightened and disgusted him. He was constantly afraid that someone would think him a 'queer' because he liked wearing his hair long. It now became evident that another reason why he had made no mention of fellatio or cunnilingus for a long time in treatment was because he equated these with homosexuality.

His associations to a dream in which a woman is bayoneted indicated his identification with the oedipal mother, the fear and curiosity regarding how it would feel to be sexually penetrated by the father.

This transference revealed and made possible the analysis of many typical behaviour patterns. One defence against transference feelings was by denial, which masqueraded behind a jocular 'brave front'. He would, for example, mimic a homosexual to amuse his friends, and reinforce his denial of such fears. He also defended himself by attempted 'unity' with the analyst

by calling him 'Rosow', and discussing the analysis in terms of 'we'.

Acting out was another defence in keeping with his oral character structure. This was his method of solving each new problem or conflict. For example, later in the analysis he replaced passive submission by identification with the promiscuous father, and acted this out. He also utilized Mary to act out his transference feelings. Masochistically, she became the butt of his verbal sadism. On the slightest provocation he would fly into a rage, would call her a 'stupid bitch' in front of friends.

For a time he seemed to identify her with his mother; later, he acted out his homosexual transference feelings with her and became oblivious of her breasts, never touching them. During this period he fantasied that she was a man from the waist up. Only after the recognition of his own oral homosexual fears and wishes did he re-discover her breasts.

The acting out of his homosexual transference feelings was manifested by a lack of sexual interest in women, and was concurrent with much anal, homosexual joking with men.

He acted out the theme of 'mother on toilet is sexually exciting and later disgusting' by breaking his relationship with Margie after giving her a douche.

During the first year of analysis he remained passive and submissive to the father-analyst in regressive flight from castration anxiety. Typically, he avoided this anxiety by behaving and allowing himself to be treated as one already castrated. He recalled that as a child he cried in anticipation before being struck during a fist-fight, as though he had already been hit, and how he had once fabricated a story to his teacher of being kicked in the scrotum.

This pattern of compliance and of showing his wounds in advance, which had become incorporated into his character structure, kept recurring in the transference, and required repeated interpretations. One form in which this expressed itself was in his attempted anticipation of interpretations. By making an interpretation first, he hoped to avoid the expected reproach and retaliatory anger on the part of the analyst. For example, one day he announced that he had gambled and lost \$70.00, which he had intended applying towards his debt to the analyst. He said he recognized this as a hostile act. However, he made no effort to pay his bill; instead he utilized these interpretations masochistically by reproaching himself for being 'weak and no good'.

A dream, illustrative of his compliance, and one which was emotionally meaningful for him, was about General MacArthur. The patient had always despised the General, but in the dream, he not only behaved in a cordial manner, but actually felt friendly towards him.

Another, later role played by the analyst was that of the pre-genital mother. The passive submissiveness which had first appeared to be a reaction to his castration anxiety and negative oedipal wishes proved to be a secondary defensive derivative. Primarily, the attitude was a defence against his curiosity and fear of the female genitalia, a reaction to the wished-for and feared piercing by the pre-oedipal mother's breast-penis; a reflection of his wishes for and fears of doing or having something done to him with the mouth. One way this manifested itself in the transference was by his continuing expectation of 'being given something'. When this gratification was denied him, he became discouraged and resentful. He expressed criticism and doubts about analysis, thus repeating his mistrust of his mother and resentment of her rejecting attitude.

The retaliation he feared was that of being punctured, penetrated. He recalled that when he was about five and had suffered a laceration in a motor accident, it was not fear of the injury, but fear of the doctor's stitches which terrified him. His castration anxiety was coloured by such penetration fears. The nature of this transference response was clarified by many dreams. In one he was shot by parental figures, and could see the bullets entering him.

Another dream, of a woman with a cherry-laden twig in her hair, led to associations indicating that for him a girl's hair was pubic hair upwardly displaced, and the twig represented intense curiosity and fear of mother's penis. This explained his previously expressed great interest in a girl's hair-do. An anxiety dream of a 'knife hidden in a bush' led to memories of fearful curiosity as to what lies in mother's pubic hair. He had wondered whether it was her own stinging penis or father's penis, detached bitten off, in mother's vagina.

This related to his fear of spiders and bees, which to him represented the piercing, phallic mother. His associations were that the female spider stings and kills the male immediately after mating. He recalled early fears of drowning and choking. During this period his nail biting was intense. The re-living and verbalization of this hostility and fear of the pre-genital

mother resulted in a diminution of nail biting, as well as giving up of this phobia. He was amazed when a bee flew into his car without terrifying him.

His passive feminine-oral longings were disturbed by this threat of being thus penetrated sexually (orally). This fear reinforced his rejection of overt homosexuality. He became suspicious of the analyst, now the phallic mother, and would frequently turn to watch him anxiously. It became evident that his fear of a relationship with a woman was not only a result of his oedipal fears, but also related to his attitude to the pre-genital mother. Intercourse during this period of analysis was violent and sadistic, reflecting an identification with the phallic mother.

The problems of transference can be illustrated best by some typical sequences: the reality complication of father behaving as a sexual competitor necessitated his moving out of the house. His struggle to overcome his phobia of living independently, as well as his reluctance to give up the passive-dependent, sado-masochistic and oedipal gratifications of living with his parents, required many months of working through.

He tasted independence by such small steps as buying his own toilet articles while living with his parents. Moving meant facing himself as a castrated, inadequate person. It mobilized fear of his own aggression, as well as his homosexual and heterosexual fears. His not moving reflected his anal stubbornness. By not moving, he attempted to annoy and frustrate the analyst, as he had successfully done earlier with his mother by his constipation and his nail biting. The idea of moving recalled the insecurity incidental to his frequent moving as a child.

It was necessary to interpret these fears continuously to avoid his falling into a passive oral transference relationship, with endless pre-genital ruminations. His adolescent 'speedy motion' symptom recurred. He now related it to his intense fear of being overwhelmed. He finally moved away from his parents, but not before trying to pick a fight with his father in an effort to be kicked out; again an attempt at being passive to avoid actively moving out.

One dramatic hour, illustrative of his transference, revolved around his rationalizations for allowing his analytic fee to go unpaid. Firmness regarding his unpaid bill was necessary to avoid repetition of parental grudging toleration of a permissive dependence relationship. The

hour in which the interpretation was made that the patient was thus attempting to create 'a new home with the analyst', was a very emotional one, resulting in much sobbing and followed by a headache. However, he recognized that he expected the analyst to take care of him and that such gratification would condemn him to inactivity. Nevertheless, his old 'being beaten' fantasies recurred. His identification was at times with the beaten boy, at times with the beating Amazon women, or father. Sex relations with girls during this period were chiefly oral, and there was again an increase in nail biting. This appeared to confirm Van Ophuijsen's (4) opinion that beating fantasies are derivatives of oral aggression. We shall return to this topic later.

THE NAIL BITING

His nail biting fluctuated in intensity throughout the course of the analysis. The patient himself soon recognized that his nail biting was merely a surface manifestation of severe underlying difficulties. His analysis indicated that nail biting had many determinants, distorted derivatives of many impulses and wishes with one common aim, one common pathway of motility. Nail biting served almost as a barometer, dramatically measuring the intensity of his drives, anxieties, and conflicts in various stages of the analysis. It therefore seemed admirably suited to serve as a focal frame of reference to illustrate these processes.

Many authors (5), (6) and (7) have emphasized the fact that, despite the prevalence of nail biting, it has received scant attention in the literature, and that not all the unconscious meanings are known. Many such meanings became clarified as a by-product of this analysis which constituted a form of research utilizing intensive study of one case.

It is well known and confirmed by the experiments of David Levy (8) that those who get an insufficient amount of sucking in infancy are later prone to seek oral gratification in thumb sucking and nail biting. From what we can reconstruct, this patient's mother did fail to gratify this need in the patient. It is interesting to note that he never bit his nails when full of food.

Not was there any doubt that he was subjected to other real deprivations in childhood. He could derive no security from his parents. With the frequent moving from one home to another, he could not find any certainty in his physical

environment. Thus, he was unable to find stability anywhere, at a time when he himself desperately needed it because of his own rapid changing and desperate grappling with his conflicts. This facilitated his regressive flight to what Wechsler (9) called 'the supreme assuager of all distress, the mother's nipple'. Nail biting became a conditioned behaviour pattern response, one manifestation of his typical and characteristic way of reacting to frustration, generally, that is, not by assertive behaviour, but by regression. Fearful of aggressive play with other boys, normal discharge of aggression and tension were not available for him.

The patient's father had been a nail biter until about ten years earlier, when he stopped spontaneously. The patient recalled watching his father soaking his badly bitten fingers in a medicinal solution. One aspect of the nail biting undoubtedly represented imitation and identification with his father.

Nail biting served to discharge all tensions, whatever their origin. For example, he would find himself biting his nails when anxious, when in deep thought, when inactive, or under any stress. However, it also related to more specific oral impulses. The inevitable frustration of his insatiable demands resulted in resentment, which in turn found expression in oral aggression directed at his nails.

Geleerd (11), in an analysis of a seven-year-old child with compulsive masturbation, who was also a nail biter, quotes the child as saying, 'I like to nibble at my mommy's breast. I hate her so I nibble. I love to nibble like a mouse, so I nibble at my nails. Oh, I do like to nibble at my nails.'

Similarly, with this patient, his nail biting increased at week-ends when he felt separated from and deprived of 'sucking' on analysis. That the nail biting represented the vengeful biting of the disappointing breast was confirmed by a dream of many breasts, each with a bitten nail where the nipple should be.

We have already seen the important role played by the pre-genital mother; he mastered this dangerous, phallic, devouring mother by incorporating her. The nail biting symbolized this incorporation. His nail biting represented the destruction of mother and her now introjected nipples, her penis, her nails. Putting his finger into his mouth to bite his nails became an active self-penetration to deny his fear of passive submission to the feared penetration by her.

As a child, when frustrated by impotent rage

towards his mother, who shamed him and denied him gratification, he would lock himself in a room, and knowing he could not be overheard, would scream 'the dirtiest names' he could think of. Even his favourite expression at this time, 'cock sucker', expressed his orality. If no such outlet was available, he bit his nails.

Through his nail biting he discharged his overwhelming oral aggressive hatred for his ambivalently loved mother, partially avoiding its awareness. This method of handling his hostility made it possible for him to preserve a mother figure and to establish some kind of relationship with her.

Another aspect of orality expressed by the nail biting was its prophylactic use as a depression equivalent. Although his aggression was self-directed, he avoided its internalization by discharging it on to his nails. That his masochistic self-mutilating nail-biting was not always successful is indicated by the period of depression he had in high school, as well as by his symptoms of emptiness, boredom, and lack of zest for living. His nail biting represented a partial, attenuated suicide, a local self-destruction in lieu of total annihilation. It was a purchase of life itself.

Nail biting proved to be an expression of a later derivative of orality in that it became equated with an unconscious homosexual wish to bite a penis. This recurred at a time when he thought of sharing an apartment with his friend Mike. During this period he had a fantasy, while energetically biting his nails, in which a man, resembling the analyst, followed him in the dark, held him down, bit off his penis, chewed and swallowed it. His nail biting became a homosexual equivalent, and enabled him to deny these wishes by converting the passive into an active aim, and by substituting the object, the nail, for the penis. The formula was, 'I don't want to submit passively to having my penis sucked and bitten (by the analyst), nor do I want to suck or bite his penis. Instead, I shall bite my own nails.' This formula was arrived at by the many associations of nail biting to mutual fellatio at the age of 8 or 9, and current enjoyment of cunnilingus and fellatio.

He rarely bit his nails in my office, because he recognized that this was akin to a homosexual act. He did begin to bite his nails during a period in the analysis when the nail biting served to mask warm, maudlin, cuddly feelings for the analyst, who now played the role of the fused, pre-genital parent. He bit his nails while in-

dicating longing for the analyst's touch, body warmth and skin contact.

We can speculate as to what extent an inherited predisposition to oral fixation played a part in this patient's regression and fixation, especially since his mother too lived on a masochistic pre-genital level.

Nail biting was an expression of pre-genital drives other than oral. His exhibitionism, manifested in other areas of his behaviour, was gratified by his obviously bitten nails. Despite his protestations of great shame and embarrassment, they enabled him to get the attention he craved.

The nail biting also contained anal derivatives. He stubbornly clung to nail biting as part of his reluctance to give up anything, and resented anyone interfering with it. His nail biting also related to his need to 'even things up'. He spent hours in this compulsive undoing, in an effort to make the nails come out even on both sides. His sadism was revealed in his wish to rip Mary apart 'like nail biting'. Nail biting lessened when he acted out by verbally tearing her apart. The nail biting served as a masochistic reversal of anal as well as oral sadism. His exaggerated shame of his bitten nails was in part the shame of his pre-genital impulses which they symbolized. The tenacity of the symptom appeared, in part, due to the function it served in preventing the acting out of his sadism as a perversion, and in localizing paranoid anxiety sufficiently to enable him to maintain adaptation to reality.

The use of nail biting as a masturbatory equivalent by changing the aim and shifting the zone was clearly seen in this patient. The analysis confirmed the findings of David Wechsler (9), who in a statistical study of 3,100 nail biting children found a significant relationship between the ages when nail biting was at its peak and certain periods of psycho-sexual development. Nail biting increased markedly in children at the ages of 5 and 6, and again at the onset of puberty, with reactivation of guilt of the original incestuous strivings.

Instead of genital stimulation, labial stimulation, accompanied by punitive biting, occurred. In view of the intense libidinal cathexis of this patient's oral zone, it became evident that his nail biting actually constituted oral masturbation. This is in keeping with one of Freud's definitions of a symptom as a 'gratification demoted to a substitute.' The ripping off of the nail with his teeth produced almost orgasmic

relief and pleasure. He connected the two with many associative links. For example, he had always masturbated lying on his abdomen, rubbing against the sheet in bed. He never bit his nails in bed. His distaste for intercourse in bed was related to the incestuous masturbatory fantasies. He didn't use his hands because he feared 'the skin would be torn off his penis'; his immediate association was how he enjoyed tearing off the cuticle and skin around his nail with his teeth. He abruptly ceased masturbation at 15, following surgery on a badly infected bitten nail. Masturbation did not recur except on rare occasions, and he denied wet dreams. His rationalization for giving up masturbation was 'because it's kid stuff'. He related his intense need to bite his nails to his uncontrollable need to masturbate. His feelings of shame and guilt to both were identical. Shortly after his recognition of this relationship, he masturbated for the first time in five years. Later, during the analysis masturbation was given up again—this time, however, because of increasingly more active heterosexuality.

By defying the prohibition regarding masturbation and related fantasies, now symbolized by taking his finger nail into the mouth, he had to suffer the penalty of having the nail bitten off. Thus, the nail biting was a defence which also had the structure of a hysterical conversion symptom, since it represented the return of the repressed, forbidden sexual and destructive impulses as well as their punishment. The prophylactic attenuated castration was actively self-administered. Thus, the patient magically avoided passive submission to actual castration. There also existed the added security of having not one, but ten penis substitutes, all of which would grow back again. This explains his hysterical 'grande indifference' to the pain of nail biting; for him it was a cheap price to pay to avoid castration. There was confirmation of this symbolic meaning of his nail biting in a dream in which he feeds a fish by tossing pieces of his own skin, the propitiating sacrifice, into the water.

Menninger (7) observed that the punishment of self-mutilation serves as an advance payment of the penalty, thus setting up the excuse for further indulgence. The nail biting later became eroticized and, as a secondary gratification, became a masochistic pleasure in itself. Confirmation of such eroticization was seen in a pleasantly experienced fantasy the patient had, of being devoured by a shark! In these ways the nail biting perpetuated itself.

Nail biting was also an expression of denial. By biting his nail smooth and flat, he denied the existence of both the elevation and depression, both the penis and the vagina. By denying their existence, he not only avoided their danger, but also magically did away with parental intercourse.

While relating primal scene memories, his nail biting symbolized his wish to dig into mother. It also expressed his oedipal envy. He 'ate his nails out' exclaiming, 'My resentment to parental intercourse is the nail biting!' This led to memories of great loneliness as he masturbated alone, while his parents were together, and how he had hated them for it. It was during this time that he dreamt of two ships colliding, one ship tearing a tremendous hole in the prow of the other. He defended himself against these disturbing affects by de-sexualizing parental intercourse—by denial of aggressive elements in sex. He had fantasies of the analyst and his wife having intercourse quietly and gently. In nail biting, he bit his father's nails, father's penis, and expressed the wish to punish, mutilate his oedipal father. During this period he had a fantasy, while biting his nails, that the analyst-father had met a violent death, and he was pleased since he could now avoid paying his bill. Similarly, his nail biting succeeded in symbolically killing or mutilating his introjected faithless oedipal mother. This in turn provoked guilt and anxiety, which resulted in more nail biting.

Yet this same nail biting expressed his passivity as well. He considered nail biting to be unmanly. To stop biting his nails would mean that he was an active, masculine adult, no longer the immature little boy. His displayed, wounded, bitten nails represented the sacrifice of the aggressive organ, the penis, announcing his repudiation of masculinity. They proclaimed to the world, his father, the analyst, that he was no threat, that he was already auto-castrated. In this way, he protected himself from the retaliatory consequences of the murderous, mutilating fantasies directed towards his parents. This was the same defensive manoeuvre of 'showing his wounds in advance', which we have already discussed, now expressed in his nail biting.

His nail biting expressed his feminine identification also, and his envy of females who *could* be dependent (orally receptive) without being socially stigmatized. It expressed this wish to be a castrated, dependent (fed) female. Sur-

render of the active for the passive role in itself yielded erotic gratification. It expressed the compromise of this insoluble conflict between his longed-for passive dependence and masculine aggressiveness.

The nail biting expressed his pregnancy fantasies; his mother had warned him that by biting his nails, he would swallow some of them, and these would accumulate to form a growing ball in his stomach. He related this memory while discussing the advantages of being a woman.

The nail biting became part of his transference neurosis. It was closely related to specific transference situations, and was used as a resistance to the analysis. Whenever the analysis touched on anxiety-provoking areas, the nail biting became a lesser evil. He preferred to make a bargain with the analyst, as though to say, 'Let's stop analysing—I'll settle for nail biting.'

He acted out through his nail biting various attitudes towards the analysis. It expressed his hostility and defiance as a reaction to his feeling that the analyst wished to interfere with his nail biting. Through his nail biting, he said, 'You can't make me stop. You can't cure me.' He thus attempted to prove that analysis, like mother's milk, is sour after all.

The nail biting was used to attempt to repeat with the analyst his infantile satisfaction of provoking the mother to distress, rage, and guilt about his nail biting. By biting his nails he could achieve this while appearing to be compliant. Conversely, nail biting stopped temporarily as a flight into health and as a manifestation of apparent compliance during another phase of his analysis.

Towards the end of the analysis his nail biting represented his separation anxiety, his fear of losing the attachment to the analyst, and anxiety regarding his ability to withstand being deprived of analysis; a regression to nail biting; it also expressed his rage at this deprivation. He hoped the nail biting would help him to perpetuate the oral gratification provided by the analysis and again attempted 'analysing' instead of discontinuing his nail biting.

His awareness and working through of these unconscious ego attitudes served to remove them as a resistance, enabling new unconscious material to become available to the analysis. The scope of conscious ego activity enlarged as the need for counter-cathexis lessened.

During the third and last year of his analysis,

little new material appeared. A period of struggling and switching back and forth, from regressive infantile attitudes and back again towards integration of more mature attitudes, followed. He identified with the analyst, now the ideal good father, and used him for support; a typical dream was of using a doctor's examining light (penis, power, strength) with success against enemies.

There was more changing and accomplishing, with the working through of old conflicts which were reactivated by the prospect of every new step toward mature behaviour. His object relations and interest in girls improved, but were still on the level of oedipal competition rather than in terms of object relations. However, he was now able to dream of being sexually aggressive; in one dream he successfully 'comes to bat', in a baseball game.

Evidence of his oral fixation reappeared when fears arising from increased phallic efforts proved too threatening. This occurred when, in an attempt to please the analyst, he lived beyond his psychological means. He felt pressured by the analyst and by himself, resented it, and was hostile. Repeatedly the hostility and attending castration anxiety in turn mobilized old and new resistances. These, however, had lost their tenacity and interpretation dissolved them more readily. He worked hard analysing and understanding his behaviour, but again was fearful of the next step to action.

When confronted with this, he poked fun at analysis, as evidenced by a dream in which the analyst was a comedian, or he detached himself from it emotionally. He acted out, or became uninterested, depressed, or apathetic. He appeared content to remain sexually fixated to sucking and being sucked by Mary. His transference relation lost its mobile, flexible, variable quality and became fixed, as covertly hostile obedience.

He emphasized his improvement, denying his doubts and anxieties about his masculinity and maturity. He repeatedly asserted he would not collapse without analysis in an attempt to deny his fear that he might. His analysis reminded one of 'scissors cannot cut this thing; unravelled it joins again and clings.'

Yet, gradually, changes in him, in his attitudes and in his behaviour did occur. He gave up defences which had become part of his character structure. For example, he relinquished his defences against unconscious rage and fear of 'fathers', which had consisted in reversing

hostility to friendship, ready identification and submissiveness. He made several good friendships with men, without feeling homosexually threatened.

In the transference his over-eager, compliant attitude towards the analyst was replaced by a much more openly assertive one. Especially after moving into his own apartment, the recognition that he could now master his castration anxiety as well as his homosexual and heterosexual fears emboldened him to stand up to the analyst. He once exclaimed that he would date Mary even though he knew that the analyst thought his relationship with her was an infantile one. He criticized the analyst for failing to ask him to associate to one aspect of a dream he had told me about in the previous hour, and for failing to cure his nail biting completely.

He no longer felt the need to live up to an impossible ego-ideal, to his own concepts of masculinity based on reaction formations. He expressed less irritation, self-reproach, and frustration, all indicative of a less punitive super-ego.

As his anxiety and guilt were worked through, the pleasures of being passively inactive and dependent began to lose their attraction, resulting in more aggressive behaviour in love-life and work-life, and in more socially acceptable behaviour. With increased attention to reality values, his social relations generally improved. He made other dates, but was able to tolerate being alone without undue anxiety, and developed new outside interests, chiefly in sports and business possibilities.

The fact that he was no longer overwhelmed by authority figures, and had largely resolved his transference feelings, was demonstrated by his ability to play golf with another analyst, mention that he was in analysis, and play casually and without fluster.

He was enabled to handle his ambivalence without having to escape it by resorting to repression of his hate, or by depression or apathy. He worked more effectively in the office, was able to demand and get a promotion.

He developed a better relationship with Mary who was becoming more of a real love object, recognizing her as a person rather than as a bearer of infantile, sadistic, homosexual, and oedipal gratifications. They were married when analysis was terminated.

His premature ejaculation subsided, and he forgot his headaches so completely that one day, while mentioning a friend's migraine, he recalled

with genuine surprise how severe his own headaches had been, and the fact that he had lost this symptom without even noticing it. He permitted himself to become aware of his feelings and was obviously interested in living. Instead of feeling sorry for himself, he was able to express sympathy for his father by saying, 'I feel sorry for Dad—maybe he's sad because he recognizes I don't love him.'

When a business project of his collapsed, he was able to tolerate the disappointment, realistically on an adult level rather than on the level of an oral deprivation.

The character of his dreams also changed. In most dreams, the wish, rather than the defence, predominated, and the wishes were much less disguised. The dreams indicated a good prognosis. In one dream he could see through a glass door to which he had the key. Behind the door he could see an older man dying. His associations indicated that he felt he could finally allow his tie to the father-analyst to die.

It is to be emphasized that none of these happy outcomes were achieved without much struggle, but the improved behavioural changes persisted in all these areas, and a termination date was fixed.

After setting the termination date, he experienced termination anxiety reminiscent of early experiences when his parents left him alone. There was a final gasp of his stubborn neurosis manifested by recurrence of headaches, nail biting, and fatigue. When he recognized the purpose this served, of clinging to the analyst, the symptoms disappeared magically, as suddenly as they arose, dramatically emphasizing the obvious fact that interpretations became effective only after resistances are repeatedly worked through. He was then able to realize, and admit, that marriage would severely strain his newly acquired re-integration, and agreed to return for a subsequent follow-up interview.

At the termination of the analysis, the nail biting had subsided but was not entirely gone; it reappeared at times of stress. However, it had lost many of its previous characteristics, and no longer had the quality of a symptom-formation. The imperative compulsive, sadistic tearing, nibbling and ripping quality, the orgasmic relief, the shame and guilt connected with it, and the great importance attached to it, were now gone. Instead of helpless resignation, the patient himself felt that the need to bite his nails was gone. He also noticed that he no longer resented Mary asking him to stop biting

his nails, and that he complied without difficulty and without resentment. He expressed confidence that he could and would stop his nail biting altogether, and this was a feeling that he had never had before.

One had the impression, however, that his nail biting had become established as an irreversible nervous system pattern, a stereotyped, automatic, non-adjustive motor act as described by Pennington (12). This mechanism goes into effect whenever tension and frustration from any source becomes excessive. This concept of a long-standing response pattern, which, once established, outlasts the original inducing situation, could account for the persistence of the nail biting after the analysis of the psychic stimuli and their distorted derivatives originally responsible for it are no longer operative; i.e. the nail biting loses its meaning as a symptom and dynamically becomes more closely related to a tic.

If the foregoing summation indicates the constant tedious struggle involved, then I have succeeded in reflecting the flavour, the ebb and flow of the analysis of this orally-oriented character structure.

DISCUSSION

From what we can reconstruct, the patient's mother was probably similar to the depriving mother so graphically depicted in the films made by René Spitz.

Projection of his own aggression upon the refusing, pre-oedipal mother converted her into a cruel, penetrating, devouring one, so that suckling itself became a maternal aggression whereby he was passively pierced. We have already traced his resultant fear of penetration in his dreams, in his phobias, and in his transference. His weaning may well have been apperceived as an oral castration, the prototype for his subsequent castration anxiety.

Since his love was ambivalent and implied devouring the beloved object, he feared emotional involvement because it implied retaliation. He accepted the expression, 'the baby is sweet enough to eat', literally. His need to overpower, to control and possess his love object was a derivative of his need to devour her. The meaning of his fantasy of being beaten by Amazon women was strikingly similar to the mechanisms described in Freud's paper (14), 'A Child is Being Beaten'. The underlying wish to have the penis touched by the parents and the homosexual implication of submission to father

and the phallic mother with eroticization of this passive, masochistic submission was present in this patient.

The additional oral significance of this fantasy was described by Van Ophuijsen (4). He indicated that cruelty is not necessarily an integral component of sadism, whose chief sexual aim is not to inflict suffering on the chosen object, which may actually be insensible to pain, but to perform certain aggressive activities in relation to it, utilizing the musculature.

Inasmuch as the gratification in biting involves the jaw muscles, the relation between the second oral phase and the muscular system becomes a close one. Later, the muscles of the upper extremities play an increasing part in mastering and destroying the love object. The patient's preoccupation with the small size of his muscles not only implied concern regarding his penis, but also expressed concern regarding his muscle power. Playing tennis to the point of exhaustion was another expression of oral aggression through gratification of muscle eroticism, and was concomitant with decreased nail biting.

His fantasy of being beaten was therefore an expression of the wish to be bitten and eaten, that is, loved by the father. This was graphically confirmed by his fantasy of being held down (by the analyst's shoulder muscles) while the analyst bit off and swallowed his penis. The beating fantasy is thus a derivative of his oral sadism, expressing itself in muscle eroticism and violence with reversal of aim. The Russian peasant woman who said, 'My husband doesn't love me any more, he has stopped beating me,' appeared to have intuitive understanding of all this!

SUMMARY

This patient certainly had what Bergler (13) aptly described as a 'rendezvous with orality'.

His symptoms, his depression and apathy all bore the stamp of orality. It made itself evident in his character structure, with its undercurrent of hostility, and was reflected in his occupations and his sexual behaviour.

It manifested itself in his interpersonal relationships. People had importance only as providers of narcissistic supplies. His entire orientation to life was one of constant hope for gratification from a good mother, while expecting disappointment. As a result, he was bitter, vengeful, envious, and ambivalent. He perceived any demands made upon him as an imposition.

Fearful of his passive dependence, as well as of his hostility, he found gratification and atonement in his nail biting, until he acquired sufficient ego-integration in the course of his analysis to face and master these fears.

Orality was his refuge in the face of any internal or external threat to which he returned whenever he was unable to master subsequent levels of psycho-sexual development. It coloured his anal and oedipal development. It left its imprint on his castration anxiety.

Oral derivatives were evident in the transference and reflected in his resistances, as, for example, in his attempt to convert analysis into a feeding relationship. They were seen in his conflicts, drives, and anxieties; yet, the very defences used against these affects were orally derived, as was seen in his submissive compliance his acting out and his clinging defiance.

Thus, the nuclear complex of his neurosis centred about his early, severe deprivations, his oral aggression and his ego's attempts at gratifying and mastering this drive. As we have seen every aspect of his personality structure, every phase of his analysis derived from what Abraham (1) called 'the ruins of oral eroticism which miscarried'.

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THE ANALYSIS OF AN UNCONSCIOUS PINOCCHIO FANTASY IN AN OBSESSIONAL NEUROSIS¹

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I

The unfolding of an unconscious Pinocchio fantasy in the analysis of a long-standing obsessive-compulsive neurosis proved to be crucial for the understanding of both the neurosis and the patient's character structure. Pinocchio (1), a wooden puppet fashioned without ears and with a remarkable nose (it grows whenever he tells a lie) is a delightfully naughty and disrespectful boy. He aspires to be a real live boy, a gentleman. Temptation overrides his good intentions as well as the warnings of the wise talking cricket and leads him into a series of misadventures. However, he always redeems himself through noble deeds or is rescued by the good fairy. He causes his sacrificing 'parents' much misery, but finally is industrious and responsible. Then the fairy godmother rewards him—he becomes a real boy. The patient's Pinocchio-like characteristics were not immediately evident to the analyst: his manner was stiff and boyish (he was 29), his clothes threadbare but in good taste—like an impoverished gentleman—and his features marred by the congenital absence of the right ear (with a vestigial pinna) which he usually protected from the observer's view.

Obsessive concerns first dominated his life when he was 16, a junior in high school (1936). He had inadvertently looked at a paper of a student next to him during a mathematics examination; later he thought he had obtained the correct answer from his neighbour and had therefore cheated. He felt quite guilty about his 'dishonesty' and had the urge to confess. One part of himself was quite certain he had cheated, but another raised a doubt—so he did nothing about it. But the obsessive rumination grew as time went on, and with it increased guilt and discomfort because the amount of restitution he demanded of himself became progressively greater. He should, he argued,

repeat the examination, later the course, a year later return his high school diploma, a year later drop out of college. After two years of struggle—at the point of actually giving up his education—he did confess to his father, who reassured and 'reasoned it out' of him. However, other obsessive ideas and compulsive behaviour appeared. He would feel impelled to walk across a 'Keep Off the Grass' area, and then be compelled to retrace his steps and traverse the distance in the 'correct' manner, otherwise he would be consumed with guilt and anxiety. A nail or piece of glass in the street would suggest the idea that a car might have a blowout and someone would be killed; therefore he must remove it. If he sneezed into his hands, he would be compelled to wash his hands, else someone would catch the germs. If he was reading, his eye had to see *every* word, or it would be cheating. In all these concerns, there was always a doubt—i.e. if he had actually seen a nail or kicked it, or if he had crossed the forbidden area, or had skipped a word—which doubt would inevitably lead to tortures of guilt. The only relief from a particular guilty feeling was concern about a new obsession. Some time in 1941 his most disturbing obsession began to take hold. He conceived the animistic idea that all living things, even the tiniest insect, had feelings and could suffer. He became afraid that he might injure an insect and hence cause suffering. If he saw a speck on the pavement, he would wonder if he had hurt (stepped on) an insect and was compelled to return to the spot to look for the insect. As he could not find it, he would imagine it crippled and in pain; then he would have intolerable guilt feelings. He would not feel so guilty if his step had not been broken by the 'bug speck', or if he felt he had killed the insect. Concern over one insect was relieved only by concern over a new one—or more rarely it

¹ Awarded the Clinical Essay Prize of the Institute of Psycho-Analysis, London, for 1953.—Names and

localities—used to promote readability—are fictitious, in order to protect the patient's anonymity.

would pass off by itself in time (minutes, hours, or days). He was particularly obsessed with insects which may have been on his body—especially on his arms, fingers, or neck; he would automatically flick one off or scratch the area and then wonder if it had been an insect and if it was suffering. This compelled a wider search and further scratching, all of which would serve to increase his doubt and anguish over the imagined suffering of the insect. After he thought he heard a beetle cry out in pain, the insect obsession became inexorably fixed. During the Italian campaign when he was transporting a seriously wounded Gurkha, he readjusted his bandages; the man cried in pain. He never learned how the man had fared, but was convinced that the soldier had died because of his ineptness with the bandages. Obsessive guilt over this 'dereliction' has recurred from time to time. After his father's death in 1945, the obsessions as well as other behaviour difficulties to be mentioned later increasingly incapacitated him.

II

The patient belongs, he says mockingly, to the "FFV, First Families of Virginia". On the paternal side there has been an illustrious line of administrators, professional and military men. His father, a graduate of a military college, enlisted in the army as a private and rose through the ranks to become a colonel before he was retired in 1928 because of a 'hernia'. The family then settled in a southern college town, lived on retirement pay, and father indulged in gardening and his favourite intellectual pursuits: philosophy, psychology, and mathematics. He was impractical (his wife took care of all finances), stern and formal with his children, who had to address him as 'Sir', not 'Dad', and had a strict moral code. After his death a secret collection of semi-nudes was discovered among his many papers. Father rarely administered corporal punishment (the patient remembers his father's rough hands with horror), but rather lengthy morality lectures during which the patient was required to 'look him straight in the eye'. He painfully realized his father was not like other 'dads' and that he was considered something of a character in the community, but he felt very close to him. At his father's funeral, the patient cried when taps were being played. The mother, 12 years younger than her husband, was from the North-east and was considered

a 'commoner' in the eyes of the FFV. Even though she never held traditional Southern views, she was eventually accepted. She dominated the family in mundane matters and stubbornly insisted on her way. She often complained of her lot ('a martyr complex'). She was the mainstay of the family and had genuine affection for her children, particularly the patient. It is his mother, from her widow's pension, who supplies the money for the patient's analysis.

The patient is the third of four siblings. Betty, the oldest, age 37, is married to a career diplomat, 12 years her senior. She is an unhappy, bitter person, drinks to excess, creates scenes with her husband to the point where now separation is threatened. The patient remembers painful scenes created by her at the dinner table when he was a child. Betty would argue and call mother 'an old bitch'; father would defend mother; Betty would turn on father and call him an 'old fool'; father would punish Betty (hold her at arm's length while she spat and scratched, for he was a gentleman) and in the final round mother would take up for Betty. Betty professed fondness for the patient, and he considers her beautiful in a piquant fashion.

James ('Pierce'), 35, is a graduate of and a teacher at a military college. He was the 'perfect' child, an athlete, good student, well-liked, a leader, etc. He married into a socially prominent family. Though Pierce was the patient's ideal, he deeply resented the belittling and pushing around to which Pierce subjected him. He vividly recalls that at the age of 10, when he was sick, Pierce taunted him for being a 'runt' and unable to do anything. While fond of Pierce he considers him a 'stuffed shirt', a typical Southern reactionary, plodding in his thinking, and a victim of the 'family' trait of never quite achieving the success that is possible for them.

Caroline, 26, was a dull and unattractive child; when she was 15, after treatment for hypothyroidism, she became very pretty. She is moody, secretive, over-sensitive and ill-tempered. The patient sided with her against the older siblings but was 'ashamed' of her.

III

Early memories are spotty. He was brought up on army posts until the age of 8. He recalls vividly a frightening scene at about the age of 5, at Fort Sill, when one Chinese chased another

brandishing a meat cleaver viciously; there was 'murder in his eyes'. On another occasion he played after curfew in a flour mill, expected and feared punishment, but was relieved because his flour-ghost appearance was so ridiculous that it produced merriment, not anger. He remembers the thrill of going to school in a stage coach, because he was allowed to hold the reins in make-believe. He remembers that, although he was small, he was bright, unafraid, and full of life as a very young child. Later, for some unknown reason, he became timid. He thought it might have been due to the scary tales about a 'sandman' told to him by an English nurse, or frightening stories that soldiers delighted in telling him because he was so impressionable and 'gullible'. He was fearful of the dark and had nightmares; often, he would seek mother's bed for safety at night. At about 6 years he was afraid of physical contact with boys, but once on the command of his grandfather after he was teased about his ear, he 'marched out like a soldier' and fought. Certainly by the time of father's retirement timidity was in full swing; he was afraid of skating, riding bikes, swimming, and especially of riding horses, much to his father's disappointment. From then on until late adolescence he played with children younger than himself and often with girls. At about 13, he was accidentally hit when playing football with seven-year-olds; to his chagrin he burst into tears. His ear caused him great distress; his hair was allowed to grow long (to cover the defect) until he was 11. He feared fisticuffs, and only when goaded to rage would he fight; then, to his own amazement, he would acquit himself admirably. Once he defeated the class bully and bragged about it for many years.

He always played games with great intensity; when younger he would come home exhausted and covered with so much mud or dirt it would take two or three baths to cleanse him. Later he played many solitary military games—mostly imaginary battles between the North and the South. In these Civil War battles the South would always lose. His imagination was extraordinarily vivid; he believed that 'anything was possible', even magic. Coupled with hood illusions long after others did (e.g. he believed in Santa Claus until 10, and was 'crushed' when he had to accept the facts). In school he was bright and highly competitive. He was never calm; he remembers that in

arithmetic contests at the blackboard he would get so excited that he would inevitably lose. He constantly sought the protection of some older boy—his brother or a friend of his brother. Very early he developed a strict code of honesty. He would not lie, a serious crime in his father's eyes: 'Never tell a lie, especially if you stand to gain by it.' Somehow he believed it was dishonest to use an old nickel which had less value than a new one because it was worn thinner. He was greatly interested in money and in collecting. He was fascinated with his father's monthly pensioner cheque, but did not dare find out the amount until late adolescence. He wanted to make money and sold peanuts at college football games—until once he lost a dollar and couldn't face the concessionaire; to this day he feels guilty about this. Together with his scrupulous honesty he recalled other events which he recognized (later in his analysis) as dishonest—raiding a younger girl playmate's piggy bank (with her help) to buy candy, developing club schemes in which boys were to pay dues to a treasury and pay him a salary as officer.

There were no conscious memories of early sexual experience. He vaguely recalls being stimulated by leaning against his sister's carriage (age 5 or 6). At age 8 he remembers examining Caroline's genitals; surprised at the existence of two openings he was reassured by his mother, whom he questioned, that this was a normal difference between the sexes. At 9 he experienced genital sensations while climbing a tree. From 10 on he remembers being interested in Betty's 'dating' and in the stories of college necking parties. He developed 'crushes' on girls—always at a distance, always a relationship in fantasy. Though boys told him about sex at the age of 10, it was not until he was 15 that he had conscious knowledge of intercourse.

Late in high school he developed friends his own age. At 16 he 'learned' about masturbation from them. He and a friend, Jimmy, practised mutual masturbation and their individual 'scores' were a matter of much conversation and concern. There were periods of wild indulgence, alternating with strict abstinence when they would practise 'Sisu', a Finnish word for asceticism with an athletic flavour. This pattern continued up to the time of analysis; often when he was depressed he would masturbate repeatedly, causing more self-revulsion and depression. Conscious fantasies of intercourse with magazine-cover girls

or casual acquaintances caused the 'mechanism' so that he pictured someone else, usually an older man, performing the sexual act. Often in the fantasy the woman 'goes wild' and in excitement yells, 'Give it to me'; then he feels a tremendous sense of power over the woman.

His father tried to broach the subject of masturbation when he first showed signs of disturbance, but the patient feigned ignorance and father was too ill at ease to pursue the matter. Father was extremely concerned about the patient's sexual life. When he was staying out late on drinking parties, father warned him about the dangers of the red light district. Father lectured that a woman must always be treated like a lady, that he must never 'trifle' with or hurt a woman, and that he must only choose a 'high type'.

He entered a liberal arts rather than a military college (which he wanted but feared too much) in 1938. During his first college years he started to drink; these were the usual week-end college drinking parties—but the patient prolonged them to the early morning hours. On one spree (in 1940) with his friend Jimmy (in which the patient took the lead in drinking) they careened off the road in Jimmy's car. The patient was not seriously hurt, but Jimmy suffered a severe head injury; he has often ruminated about this incident, blaming himself for the accident because at the last moment he tried to grab the steering wheel as they rounded a curve at top speed. It was during the college years that his obsessions seriously interfered with his study. He withdrew in the second semester and ran away from home 'to join the Foreign Legion'. Father brought him back and took him to a psychiatrist, who recommended that he live away from home. The advice was not followed and he returned to college.

The patient, disheartened that he was physically disqualified for military service (cf. his ear), one weekend on an impulse joined the American Field Service in the spring of 1942 while a junior in college. He was given credit for the year, as he promised to complete his parallel reading; he never did, with consequent guilt feelings. This was the first time he had been away from home for any extended time. Once, when he was 17, he visited a friend of the family in Philadelphia for several weeks, while he tried to get an artificial ear (the project was gradually dropped; he obtained wax ears, which had to be made anew every day or so; he was too lax about it and using the unfresh, discoloured

ears drew attention to his defect rather than detracting from it). He suffered acute inferiority feelings in the A.F.S., as well as intensification of his neurosis. He persevered through the North African campaign. At the end of his year's service, he returned home, a 'hero' because he had seen combat. He responded to the moral pressure to re-enlist for a second year. His symptoms and his actual fear were tremendously increased during this tour of service in Italy. There was great relief when he could return to the States because of his father's illness. Father's death in April 1945 left him with a 'lost feeling'; he found a book on psychology in father's library and went to the author for treatment in New York. He soon felt that the man was a 'quack', became depressed, and stayed alone in his room most of the time. Eventually his family came for him and took him home (March 1946). He worked in a factory and did lay preaching on Sundays until he was dropped for failing to show up because he was drunk. Drinking by this time was habitual. He would frequent the town beer tavern, to 'mix with all elements' of the community. At the bar he felt at ease, expansive, at one moment possessed of good will towards all people (to hell with the FFV and their stuffy, reactionary ways), confident in his ability to get along with and understand all people and usually carrying out some fantasy of others thinking him an unusual fellow; at the next moment he would feel cold superiority to the common people and become argumentative.

Though he had once gone to a prostitute (he bragged to the boys for weeks, then became terrified that he had contracted syphilis) he was much too timid to approach a woman until he was in uniform. In February 1947 he fell 'madly in love' with Jill. She was rather pretty, looked like his sister Caroline, and was understanding of his neurosis (in fact she gave him *Peace of Mind* to read, his first contact with psycho-analysis). It was his first prolonged sexual experience. She encouraged him to enter law school in the autumn. However, his compulsions about reading returned and he felt guilty about the not completed 'parallel' reading in 1942. These conflicts forced him to withdraw from school in April 1948. There followed a period of sporadic work as an Electrolux salesman, drinking, depression, and deterioration of his relationship with Jill. He was unusually jealous and engaged in nasty

scenes (accusations) when he was drunk. Eventually she did go out with another man and hid it from the patient. When she announced on Christmas Day 1948 that she was no longer in love, he got too drunk—aroused the fury of his brother, who called him a bum—and cried, for a few minutes, to his mother who 'opened her arms' to him. In the depression and symptomatic exacerbation that followed, mother was his mainstay—she 'argued' him out of it, was even coy with him, and indulged in common fantasies that they might meet in the next world, where they would not have to consider themselves mother and son. He resolved to go through with treatment, and when he went to a psychiatrist for the third time in April 1949 he was prepared to seek psycho-analytic treatment.

IV

He started analysis, characteristically, with mixed feelings. An insect encountered on the way to his first hour almost prevented him from keeping the appointment. The 'newness' of analysis, like anything new, terrified him. Anxiety about treatment itself was expressed as a fear of pain 'like a knife being plunged into you'. On the other hand, exhilaration over the first hour led to an all day beer-drinking binge. His initial behaviour was exemplary: he was punctual, promised to get a good job so that he could raise the fee (he was a clinic patient), diligently free-associated and was fearful of the analyst's displeasure if he did something without permission, e.g. smoked or visited his home at week-ends. Attractive job offers led to exhilaration, written boasts to his family, fantasies of great success (not only monetary; he would become a leader, do something Noble or contribute to Humanity), but at the same time 'practical' objections to each job would be raised. It became clear that success ran counter to his neurosis; it was as though an inner voice said 'you can't enjoy, you can't be a success, you're a sinner, the slate is not clean' and he would refer to an injured insect, cheating in high school, the 'killed Gurkha', etc. In the analysis the material flowed easily and most of the historical data reported were related in the first month. Soon he showed increasing anxiety, heralded first by dreams of people being angry with him, of being on the defensive, and culminating in dreams of being caught with his pants down and of incestuous relations with Caroline. It was apparent that this disturbing material was being produced because of anxiety lest his analysis—his last hope—fail, a positive transference with a desire to please the analyst in terms of what he knew intellectually about analysis and an urge to confess from the super-ego. Tension diminished after this was interpreted. But drinking and joblessness continued, making him feel he was worthless, selfish, 'a sorry jerk' in the analyst's eyes. In the dream material he wished for a friendly father-son relationship. He arrived late for his hours and missed several because of hangovers. These defections produced reactions of fear, defiance, and anger, often clearly evident in dreams. Contradictorily, he viewed his penniless state as a manly ability to stand up against adverse fate. Once after going without food for two days he borrowed money from the analyst; this increased his anger and led to alcoholic and masturbatory excesses. Extra money mother sent produced the same reactions. He became aware that he was 'messing up treatment' (portrayed in dreams as soiling), but the anticipated anger was not forthcoming from the analyst. Then he got a part-time job (four months after the beginning of treatment)—as a shipping clerk for a Jewish firm. This was followed by a period of feeling close to the analyst—experienced during his hours as a physical sensation of closeness. Dream material of a homosexual nature brought out conscious memories of his attractiveness to homosexuals and near-seductions (in which he played a passive, feminine role). A fantasy that God (father, analyst) wanted him to become a super-personality accompanied this. Then followed a period of hostile feelings towards his boss, Jews, and the analyst—who he felt considered him inferior. His aggressive thoughts or defiant behaviour made him fear retaliation. The insects, which had not bothered him for several months, began to plague him. He saw clearly the historical interchangeability of his 'phobias'. In the analytic hours he noted the defensive function of the 'bug mechanism', which automatically was involved whenever an aggressive or defiant thought in relation to his father came up, or a forbidden sexual thought (often in relation to Caroline). Anxiety, drinking, and masturbation increased. He wondered if anything could be done if he continued to be a 'fuck-up'—and added that his father said to him, 'I have handled thousands of men, but I can't handle you.' This period

of growing anxiety^o reached its climax when a former female acquaintance wrote and expressed a desire to see him. She was separated from her husband, and was being analysed in Baltimore. He went to see her, with anticipatory excitement and fear. She tried to seduce him—but he reported he ‘only had intercourse in spirit’. He was frightened, guilty, and wanted the analyst to be angry with him. Two days later he precipitated an argument with his boss and was fired. He was able to see that he was trying to act a defiant role and to punish himself. This was followed by a four-month period of ‘funking’, ‘fucking the dog’, characterized by drinking, missed hours, tardiness, and ‘sponging’ on mother. Strong passive dependent wishes were brought out, to which he reacted with ‘defiance’ and ‘funking’, i.e. being more dependent. He fantasied saying to the best analyst in the world, ‘You’ll never cure me’. Every interpretation of his hostility or his passive dependence led to an intensification of his ‘funking’ behaviour. On the other hand, every encouragement from his mother or from the analyst led also to ‘funking’. In his fantasy the complete ‘fuck-up’, the helpless child, was the victor, with the feeling that he really didn’t have to worry. But he became depressed, doubtful about the value of treatment, considered ‘giving up’ and going home, or committing suicide. During this phase, however, the material was quite lucid. The mechanism of regression to oral dependence (drinking, sponging) and anal eroticism (messing) as a defence against castration anxiety were clear and interpretable. He made another attempt at a job—as a Fuller Brush salesman. When the funking stopped, the obsessions plagued him. He became aware that success was something tremendous that frightened him beyond all reason and that he used the ‘mechanism’ as a defence by displacement. He was made aware of his use of doing and undoing as a defence. But the only other way he could handle this anxiety at this time was by flight and regression—staying in his room. He became worried that he might have ‘dementia praecox’ because of his withdrawal. He felt ‘crowded’ by treatment, like a little boy, and wished to go home. He intimated—before the summer vacation—that the load was too much for him to carry alone and that he would go home, which is what he did.

He returned a day late from the vacation and was surprised when he was greeted in a friendly,

not a stern fashion. He felt he had disintegrated over the summer at home, had failed the analyst, and was apologetic and fearful. These guilty feelings were similar to those he felt one summer when he had promised to care for father’s garden in his absence and had neglected to do so. He had been so asocial and preoccupied with his bugs he again wondered if he suffered with dementia praecox. Within a week, however, he got two-part-time jobs in restaurants; he was afraid he would be laughed at for thus being a ‘good boy’. He made a few friends and felt more confidence and friendliness in analysis. He looked improved and gradually lost his pasty, unhealthy appearance. He fantasied and dreamed of great success and power—which frightened him. Missed hours, drinking, and tardiness continued. After each episode he would smile; analysis of this facial expression exposed his secret pleasure at defying the analyst and at the same time his plea for forbearance. Passive homosexual wishes were indirectly voiced, and when interpreted led to missed hours. On one such occasion he said he was afraid to call to say he would be late; a rejoinder, ‘What kind of a concept do you have of me!’ broke the tension, and he was able to see that if his extreme sensitivity to interpretation were regarded, no analysis would be possible. He grew to understand that ‘telling off’ the analyst was more to convince himself that he wasn’t afraid than to ‘defy’ the analyst. He began to see the analyst as a saviour, and wanted to refer his friends and ‘hopeless characters’ he met at bars for treatment. This was related—unpleasantly for the patient—to his lay preaching days and his fantasies of tremendous power, mostly by identification with the analyst (he dreamed that the analyst was with him everywhere he went); however, underneath was the fear of meeting up with even greater power (the analyst). He reported the following dream: ‘I am at a wild party, but I’m afraid of some authority. Suddenly there is a wooden Pinocchio in my hands, jumping up and down. I feel better. The girls are afraid of a monster; I’m afraid too.’ The first association to this patent masturbation dream were immediately blocked by concern over insects which appeared in the hour, and its further analysis was stopped. It was not until three weeks later, after some realization of his pattern of behaviour—to resolve and promise to be good and then inevitably to disappoint—that we were able to return to the

Pinocchio theme. He expressed the idea that while he appeared to be weak, he felt that he was strong. An interpretation—that Pinocchio was weak, but had great power to be naughty—was followed by a dream of making a monkey of the analyst and acting out (missed hours). A remark that he was aware of his 'magnetism', but that he 'lacked animation' was again interpreted as part of a Pinocchio fantasy. After more vigorous acting out he felt 'more alive', more 'real'; the interpretation of this again led to missed hours, resistance, and a feeling of being tricked. This feeling, however, he himself saw was part of Pinocchio's fate. He saw that Pinocchio's anger whenever he was kept waiting was related to his own tardiness in keeping appointments. When it was pointed out that the Pinocchio story contained a more direct reference to his neurosis in the shape of the talking cricket, he saw, with amusement and excitement, that this was an important fantasy of his and resolved to re-read the story, which he vaguely recalled enjoying tremendously as a child. However, strong resistance was consciously experienced and acted out, as well as unconsciously represented, by an insect appearing on every page of the Pinocchio book and interfering with his reading. Nevertheless he made gains in other ways. He started dating the room-mate (Betty) of his acquaintance in Baltimore and was encouraged to feel more manly (but frightened) when Betty flung herself at him. A propensity to feel himself either the object of pity, contempt, ridicule, or lack of appreciation was related again to the Pinocchio story. When he looked in the mirror, he could see Pinocchio. He felt himself growing and that he could become a man.

This felicitous development was interrupted by news that his brother was seriously ill with a bleeding peptic ulcer. He had a nightmare, in which he, as a member of a gang, was being pursued by other gang members in motor boats, travelling at a terrific speed. The only cogent association was that he had a fleeting thought: 'If brother dies I'll be head of the family.' Though connections were not clear, it was pointed out that he was in conflict over a death wish for his brother, which would be followed by swift punishment. He reacted by tardiness, conscious anger at and denial of the interpretation, but confirmed it by associating Pierce Arrow car (cf. his brother's nickname) to the motor boat. His reactions were again interpreted; this time he precipitated an argument

with his boss, felt that he was being abused and bullied, and retaliated by publicly vilifying his boss and leaving him in the middle of the night with his share of the work undone. Then he felt himself helplessly weak. When he understood that he had tried to justify his unconscious anger with the equally unconscious urge to feel abused, he was full of regrets, guilt, and depression. He missed hours, was fearful of the analyst's displeasure, yet delayed paying his monthly cheque. During these episodes the relation with Betty progressed to the status of an affair, which itself intensified his anxiety and fear of the analyst. During the Christmas holidays he missed six hours, in between visiting his sister Betty and 'lover' Betty. When he returned he was defiant, eager to say 'Go to hell' and anxious to believe that this was independence. His physical relationship with Betty became 'mad pleasure'—15 intercourses in one 48-hour period! He worked through ideas that this too was Pinocchio's behaviour. The guilt and anxiety he attempted to handle through punishable behaviour or projection of his own self-criticism and hostility. Fantasies of the analyst 'pulling the strings' (Pinocchio) were accompanied simultaneously by others of manipulating the analyst. In two weeks he obtained his first real job: night operator of an I.B.M. machine in a bank, for which he would be trained on the job. This step forward was attended with a drunken celebration, anxiety, and resentment: this, he said, is what his mother and the analyst wanted. When he was told that it was primarily his victory, he felt 'steadied' but still 'afraid to relax and be human'.

Not long after the patient entered into a state of resistance, secretiveness and missed hours. He was afraid to talk about marriage, which he had already decided on. He was told that marriage was certainly normal, but that there was no urgency and that the analytic rule about vital decisions has the advantage to the patient of preventing moves that might be regretted later. He was asked to discuss the matter openly and was told that he seemed to fear that he would be 'dominated' or frustrated in his desires. Somehow he felt that marriage was 'against' the analyst and related that he had told all his friends and that it now was a *fait accompli*. Further than that, he felt blocked in analysing and reacted by drinking and missing about a week of analysis. When he came in he announced that the date was set and that he had 'put it over' on the analyst. A rejoinder

that perhaps he put it over on himself made him admit he was so secretive because he was sure that the analyst-father would unequivocally say no. He could not tolerate his feelings if that occurred. Everyone whom he had consulted—including a minister—had cautioned him not to act impulsively. Yet this is precisely what he did. When Betty had suggested marriage he recoiled; but a week later he impulsively called her and proposed. He confessed that throughout analysis he had withheld thoughts, which was one reason why he 'screwed up' the first year. However, despite his defiance of the rules (play the game his own way), he felt honestly that this would be a good marriage, that there were times when he loved Betty deeply, that Betty could accept him as he was and take the chance (which was true). There is no doubt that father would have been outraged at his choice: Betty was eminently a 'commoner' and had a child by a previous marriage. During this period he reported that he constantly had to correct an image of the analyst bearing a 'stern, murderous, mortal enemy' look. He did succeed in keeping the marriage out of the range of any serious discussion—*via* his acting out—until he had married; then he said he outwitted the analyst. The accompanying fantasy was one of strength, power, and manliness; when he was told that it was apparent from his associations and dreams that he was play-acting to convince himself of these attributes, he had the following dream: 'I am at home by the honeysuckle pathway and smell the powerful stink of death, as though there were a decaying body.' The stimulus was the preceding hour: the interpretation literally 'hit home' and at the same time was felt to be an attack on the marriage. He was frightened, wanted to flee, and asked if his hours might be reduced. When he was told that this would be of no help to him, he agreed that he was still sick, that the layers of sickness were being stripped off, but underneath were the sick, poisonous roots. The honeysuckle pathway, one of father's favourite garden spots, became overgrown after father's death. This dream revealed the depths of his murderous hate for father, revived in the transference. He responded to this interpretation with the admission that he had fantasies of someone insulting Betty and the great pleasure he would have in choking the man. Further dreams indicated that the wish to destroy the father-analyst was countered by the knowledge that he would be destroying what he also needed and loved.

After a brief relaxation in analysis and pleasure in his marriage and job, there were again evidences of mounting tension, resistance, secretiveness and acting out. He pictured himself as tricky, powerful, and deceitful. When it was pointed out that deceitfulness was born out of weakness rather than strength, he fantasied some pitiful person being overpowered. His attempt to identify with the aggressor was pointed out. He felt guilty and felt the pull to evoke the 'mechanism'. When he was told his present guilt—indicated by his dreams—arose from conflict over money, he became frightened, tried to 'pick fights', felt that the analyst was after him like a parent, and finally admitted that he was now saving about \$15 a week, which he knew was not fair to the analyst. He alternated between wishing to give every penny of his savings (with the idea that all would be taken away from him anyway) and wanting to tell the analyst to go to hell—he made the rules. It was with great difficulty and some delay that he was able to discuss his finances openly. When a fee of \$2 a session was arrived at, he felt relief and pride. It also released homosexual feelings, which were revolting to him. He was afraid of that 'nasty part of myself, that happy little monster underneath who betrays father'; this was identified with Pinocchio, the person who made his own rules and could—as a child—subtract 11 from 6 and get 5. He was beginning to experience more the hate he felt for father, who 'sold me short', and the tremendous fear; 'Not that, don't do that to me, I'm helpless', or 'Please, Father, don't, please, I'll be good. I won't do it again.' His only defence, he felt, was to be cunning, to outwit father. Another determinant for the insect phobia was discovered when he realized that mother's favourite name for father was 'Honeybug'. Simultaneously there was evidence of growing ambivalence towards his wife, doubts as to the wisdom of his marriage, fears of having been 'roped in', of her 'big privates', the gaping, fearsome vagina. Yet she represented the safety, support, and strength of a mother to him, a 'second Mrs. —'. He felt generally improved—that now he was 'off the floor and trading blow for blow' with his neurosis. He began to see more clearly some of the mechanism he used; doing and undoing and isolation. This allowed him to get a better insight into his narcissism. 'Analysis is stripping my extreme self-criticism as well as exaggerated egotism.' He could admit that he 'funked with father but never faced it'.

He felt that he was reliving something over and over. To Betty's announcement that one of her ancestors (a great-grandfather) had an unknown genealogy and may even have had Negro blood, he reacted at first with recoil (she even began to appear darker physically to him!) but also with tremendous sexual excitement. Shortly after this he announced he was to 'become a father'. This was another *fait accompli* put over on the analyst, and induced fantasies of 'siring' many children, but on the other hand increased his feeling of being trapped. When the analyst moved to a new office, he became depressed, felt inferior, and missed appointments. He felt more would be expected of him. Then he began to associate insects with women and reported this dream: 'I'm arguing with some men who leer at me. I yell, 'You bastards, you're guilty of what you accuse me of.' As I said it, there was a bug between my fingers; it got bigger—almost out of control, but I grabbed it and tortured it. There was a tremendous explosion.' His associations led from father's and brother's 'bullying' to his tremendous jealousy of them and finally to his overwhelming hostility. He was able to see, in relation to the dream, his use of projection mechanism but not the libidinal masturbatory elements. He felt more masculine. Two days later he reported another dream: 'I'm telling Mother something sexual. There is a screen between the dining and pink sitting rooms. I can see a man get on a woman. I'm greatly excited. Or maybe it's a little boy on the woman. I point with my finger—a penis symbol—and say, "There it is, Mother!"' As he was illustrating the dream, an insect was felt on his finger! He had a strong feeling of repugnance to analysis of this obviously primal scene dream—and it was thought best, with his tendency to violent acting out, to approach it with caution. He felt danger, sought the protection of his wife-mother, was aware that his neurosis as well as his difficulty with success was connected with his idea of masculinity as something brutal. 'All desire is centred in my penis'—and with the idea of seduction there is the 'smell of death'. A week later a fantasy of imagining himself as one of his wife's earlier lovers or 'beating out this guy' presented sufficient material to suggest then that the above dream did refer to the primal scene. He wondered if this could be true and fantasied himself in the crib saying, 'I know what's going on. I'm smart. I have to take it now but I'll get even.' Connected with this was a vague but important

idea that one insect cancelled another. Ideas of his parents in intercourse excited lust and distaste. While he saw the analyst as 'not so horribly stern', he expected to be slapped and told that he was worthless. The interpretation of the primal scene was followed by missed hours, resistance, and the feeling that treatment was worthless. When it was pointed out that he was 'doing and undoing' he expressed the sudden thought that his first symptom—guilt over the examination—was 'because of an unconscious desire to cheat' which would, because it was unconscious, 'never let go of me'. He ended the sessions before the vacation on an optimistic note, though his 'voice' told him he was not yet a man.

He reported that he was glad to be back in analysis and that the vacation had gone well. He realized that there were problems to be solved, but lapsed into a peculiar 'lazy' drawl, relating his associations concerning ambivalence towards his wife and the analyst with little emotional relevance. He started drinking again and felt that this 'naughty' behaviour somehow made it 'all right'. The interpretation that this was again Pinocchio led to guilt and thoughts that the doctor was a cruel monster and that his neurosis centred about 'unrelenting cruelty'. Once a friend told him, when he was 10, that he couldn't 'hurt a fly', meaning to him that he was weak, feminine. This was opposed to his obsession, that he can and does hurt an insect (doing and undoing). Active resistance and fears of the father-analyst 'swooping down on me', 'a terrible fear of punishment', resulted. It was difficult for him to admit that he was a problem child, lazy and irresponsible. He felt himself closer to a solution, but more frightened. As a child he was 'the lady's pet', which he enjoyed, but which hurt his masculine self-esteem. He had a fantasy of being on mother's breast, 'Fuck, look at that fucker, riding the gravy train, hanging on to mother's breast like a dog's tail waving in the breeze'—but the father-analyst, the intruder, severely disapproved. This was equated to Pinocchio who gets away with things, and an insect, which can suck blood. He talked of his 'nose twitching' when he was 6; when he was reminded that in the second hour of analysis it was a 'nose pulling habit' he related it immediately to Pinocchio and masturbation, felt fear, resistance—the analyst was 'closing in' on him. He reported that he was 'de-masturbating' the relation to his wife, but doubted whether she was the 'fairy princess'.

he wanted. This again was related to Pinocchio (the fairy princess who not only protects Pinocchio, but helps him become a real boy)—and the interpretation was reacted to by acting out. Then he became afraid of an 'overwhelmingly horrible object in the room', the analyst, and felt he would be the helpless insect, crushed and tortured; at the same time this was somehow exciting, sexual. These revelations were again followed by acting out, resistance, and the desire to quit analysis. He was afraid that the analyst knew him better than himself. Defensive manoeuvres were to isolate feelings from analysis and drain them off on to his wife. He saw that his wife was the good fairy, who would protect him and get him out of jams, that he didn't have to be a good boy to grow up, that the insects were 'an hallucination which now I feel—it's an alternate feeling', that his guilt was 'unconscious hostility to Father and pleasure in the thought he'd die.' Then he expressed a desire to drink; this was interpreted as a fantasied victory celebration, an 'injury' to the analyst-father, and at the same time an undoing of this by defeating himself.

He responded to the interpretation that his homosexual feelings were related to a fear of the vagina (in dreams 'horrible women's genitals') with 'balls!' and missed several hours. When his resistance was worked through he felt more confidence in analysis. On the other hand, he became afraid, said he couldn't confide in the analyst and allow himself to be 'bettered'. However, he revealed feminine masochistic masturbation fantasies—the woman (himself) is tortured and yells, 'Come on, you got what I want, it's good'—which were connected with childhood torture fantasies in *Gulliver's Travels* (the *Lilliputians*) and in *Pinocchio*. He recognized that Pinocchio was a favourite because the nose-penis could grow. He described a new phenomenon, whenever the inner voices would argue over his obsession. This was a new voice. If an insect should bother him, the new voice would say, 'That's doubtful', and counter the conflicting old voices—one which would say *you're guilty* and the other *you're not guilty*. Furthermore, the new voice would tell him, 'It's all right to laugh, to be aggressive and to think dirty thoughts.' Still forces inside would 'rather die than tell all', and were 'hostile to anyone who tries to help me.' Then followed angry feelings over being 'horribly cheated', never being allowed to have dignity and being a 'fifth wheel'. The foregoing was interpreted as his

reaction to the congenital absence of his ear (which contains the idea of castration) and to the Pinocchio fantasy—Pinocchio was made without ears. A marked reaction to a change of hour was analysed to represent anxiety and jealousy over the newcomer sibling-patient, who might be able to pay a higher fee. In dreams he showed guilt over money. He was terrified of discussing his finances, which had bettered owing to his steady work and diminished drinking. He imagined the analyst a veritable Shylock, who would 'take everything'. On the other hand, he pictured himself as a leech—by virtue of his clinical status—sucking the blood out of the analyst. The conflict was resolved, to his great satisfaction, by raising his fee \$1 an hour.

The next weeks he alternated between thoughts of the 'horrible vagina' or the 'horrible, degrading, violent, helpless' process of childbirth and protests that his routine was 'too hard' and he would like to change his job. When a normal son was born he felt 'powerful' and soon began to 'resent' analysis, with urges to 'fight' with the analyst over the fee. One hour he spoke of the insects as his 'friends'; when this was called to his attention he realized that he viewed them as humans; female ants had 'breasts' and male ants 'ferocious jaws'. He revealed that before the obsession over the examination, he was obsessed with the thought, 'Suppose I cheat', which turned into the anxious idea, 'I'm going to cheat'. The next hour he had a dream to report: 'I'm in the living room, fooling with a collapsible chair. There was a bug on me. I wondered if I hurt it or it hurt me. It got big, fell off, became erect and started to run, like an aggressive male. It frightened me.' Here, bug—penis—Pinocchio were clearly connected in a masturbation fantasy, which was stimulated by the talk about 'cheating'. Adolescent masturbation at times was in such excess that his penis would hurt; then he felt contemptibly weak. But he was contemptuous of those who were afraid to masturbate. Contradictorily, he felt proud and strong when he was continent. The longer the continence, the 'more delicious the guilty surrender to masturbation' was. At the same time he revealed more and more a feminine identification in masturbation, and likened his trouble with intercourse to frigidity. The look of hatred on his adopted daughter's face when she saw her brother (the infant) nursing frightened him. He noted that this hatred was reversed later to

loving care. This was related to his feelings towards his younger sister (the insect in dreams also stood for a child). He wondered how much the analyst knew—and promptly cut off relevant material, which was countered with fears of the analyst's 'attack'. In sexual relations with his wife he felt 'comfortably crushed in her arms', but on the other hand he became more 'violent in intercourse—banging her, jabbing hell out of her'. To hate was to dominate, to love was to be dominated. Then he became confused and guilty about his contradictory feelings, particularly over the sadistic elements. He went home for a brief visit; instead of a triumphant return, he was impelled to drink and repeat his old pattern. He felt guilty, resentful, fearful, defiant, and resisted further analysis by 'holding back' and 'messaging' (missed hours, drink, laziness, etc.). It became clear that there was a libidinal element in his behaviour: a feminine identification which he struggled against. This interpretation led to a wish for a girl twin, who could be loved by a man. In this way he could 'fool people'. It was pointed out that his dual wish was to be violated (feminine role) and to violate (masculine), either of which was attended by fear, and that the 'bug' mechanism was invoked to prevent either end and at the same time gain both satisfactions in fantasy. Despite his usual resistance reactions (here he missed three consecutive hours) and great anxiety (the analyst was a monster) he returned with more confirmatory material, which connected these wishes with Pinocchio, the oedipal situation, and masturbation. He realized there was something 'detached' about his masturbation not only in fact (a cloth covered his penis) but in fantasy—he would 'watch myself give in and the moment of excitement would be when I didn't know if I was a male or female'. At this point, the last hour before summer vacation, resistance triumphed: he brought in a suggestive transference dream, but undid it by arriving so late that it couldn't be analysed.

The initial visits, after the vacation, were spent in angry demands for change of hours so that he could work in the day; he was willing, he said, to interrupt treatment if this could not be done. It soon became clear that he had 'let the analyst down' over the summer by not working efficiently and that, not being ready to 'become a man', he was trying to shift the guilt for 'holding out' in treatment (manifested, for example, by withholding payment) and avoid his hostile feelings of which he was terrified.

After much of this hostility was worked through, he returned to the masturbation theme. He recalled a dream about the time of the onset of his obsessions, in which he looks at a circle of faces from face to face, finally looking on the face of insanity, which face is monstrous and comes after him to kill. Associations led to an unrevealed incident. His sister Betty was engaged in 1936 to an Englishman; at the wedding in November the bridegroom never showed up. It turned out that he got as far as New York, where he was discovered psychotic (schizophrenic) in the slums. It was during this period that the patient was intensely interested in Betty's loves and used to eavesdrop. This information was heralded by a dream of being fearful of dropping off the edge of a roof (eaves) while watching a scene. This also recalled a childhood dream of being born, as if he was flying, which was both pleasurable and fearful. After such nightmares he would go to mother, who would comfort him. This continued until he was about 10. The eavesdropping dream was also vaguely reminiscent of his home in Waco and 'violent scenes'. It was clear that adolescent eavesdropping (and masturbation) led back to the infantile eavesdropping. The following hour he reported this dream: 'I am in a little bathroom. Suddenly I see a rat among the boxes on the shelves. I'm scared. But it changes to a frog—and then lots of little frogs. I'm relieved. But there's an element of doubt.' The 'little bathroom' was the maid's bathroom where he would masturbate, delighted that no one knew what he was doing. Frogs have to do with copulation, children whom he can control (his son jumps like a frog), but have big mouths (vaginas). The rats had 'human eyes', like father's. This reminded him of stories of his grandfather, who once told a man to stop beating his horse, or he'd kill him. He related that he used to have a 'savage delight' in killing flies, which made him feel 'manly'. The boxes were mother's. This dream was interpreted as a masturbation fantasy connected with primal scene observation, in which the sadistic impulses were countered by the fear of father's imprecations ('never trifle with a woman') and was replaced by its opposite masochistic impulse (the rat changes to a frog, with diminution of anxiety), over which there was also conflict because of the admission of castration (femininity). Confirmation was supplied by thoughts that his penis was dirty, shameful, and should be 'given away', and that—from association to bowel movements

—the model for castration was partly derived from the loss of stool in the toilet. He recognized that his subsequent missed hours were an attempt to break the continuity, to undo, to 'cancel', to circumvent the 'murderous, fearsome hostility', as well as the homosexual feelings, which were connected to the emerging eavesdropping memories and were being re-experienced in the transference. This led to fantasies of parental intercourse as a violent, sadistic act, and ran parallel to another train of thought, 'with no connection',—a puppet laughing. He recalled that once in adolescence he was masturbated by a friend while he read the *Adventures of Claudia*. As long as he read, as long as he detached himself, 'it was all right'. After he masturbated, he would lick the semen off his shirt. This somehow relieved him of the guilt, but also concealed the evidence of his masturbation, and made him feel that his manhood was restored. Behind this was a fellatio and breast-sucking wish, both of which were gratified in his drinking. But homosexual wishes led to resentment, anger and hostility because of his feminine role—and thence back to the original castration fear. In a fantasy of incest he could almost hear a voice say, 'You'll get your penis cut off'. In another primal scene fantasy, he was a little boy, afraid of the noises in the bed, afraid of the monster. The terrible anxiety would dissolve with the feeling that he could not be a man, that only as a little boy—Pinocchio—could he be happy. It was hard to admit his sexual fantasies were 'more glorious than the sexual reality'. He felt he was masculine, but 'didn't want to pay the price'; the price was all the secret pleasure that Pinocchio behaviour enabled him to obtain. This interpretation was violently resisted; he missed eight consecutive hours, mostly by drinking during the time of his analytic hours (he was not absent from work)—a last-stand exaggeration of Pinocchio behaviour. He returned with confirmatory material. By giving up his masculinity, he was 'free to be bad'. But he had to be 'wooden and unreal' (Pinocchio), for afterwards he could be 'forgiven and mothered'. In a dream he converted a monster Santa Claus into a ridiculous dwarf, who in the end was killed. This is the feared father, whose 'penis and testicles have tremendous power and violence'. That fantasy however he was afraid of. Likewise, he viewed the naked woman with horror, because there was 'nothing there'. So he could be neither. He realized that he deve-

loped very young the Pinocchio psychology that nobody could 'get' him, that he couldn't be 'touched', that he convinced himself to 'think mechanically'. This was being reversed; now he did have genuinely warm feelings towards his family and he was overcoming his block to do constructive things. He felt prepared now to get a better job. This was not accomplished without an attempt to undo and to regress. In the ensuing period of mild 'funking' he spoke of masturbation and insects in the same context; the analyst remarked that one represented the other. Confirmation came when he recalled the thought, 'Masturbating, hurting my penis, is just like hurting the bug. That's silly, there can be no connection.' The 'funking' was feminine; then (from a dream) 'something nice would happen' and he would become a man: through intercourse with father he would acquire a masculine penis. Proof was forthcoming the following hour in a dream that his wife was having intercourse with him—she was on top and possessed two penises. Thus castration fear was also avoided. It was at this point that he sought and obtained a responsible job. The next hour he encountered a bug on the way to the analytic session. Even though he realized the bug was connected with the new job, it did not bother him—he 'didn't trifle with it'. In this way he tentatively (but ambivalently), and later in the hour verbally, affirmed that he would not 'trifle with' being a woman or a masturbating Pinocchio and would assert his right to 'injure' father, to compete as a man.

V

I am aware that in the preceding condensed description of an analysis many important facets of the work and of the psycho-pathology are only briefly alluded to. The purpose of this selectivity has been to highlight the role of the masturbation complex. Anna Freud (2) points out that the pregenital masturbation fantasies of each libidinal stage are compressed into 'one single image or fantasy' during latency which then 'becomes the embodiment and secret representative of this first period of childhood'. Social maladaptations result if this masturbation fantasy is later 'displaced from the realm of sex life into the realm of ego activity'. The Pinocchio story is a symbolic representation of such a fantasy, as well as a depiction of the struggles (defences) against masturbation. A search of the literature fails to reveal a similar usage of this children's tale in a neurosis.

Pinocchio, because of his subservience to the pleasure principle, constantly disappoints his parents. This is the penis, which demands satisfaction and refuses to give up its masturbation pleasure; it is also the patient—he and Pinocchio were made without ears. Thus in acting out a Pinocchio role the patient can indulge in forbidden pleasures (masturbation) and seemingly put out of commission his super-ego (the talking cricket). Pre-oedipal wishes are satisfied in the protective relationship to the fairy godmother (who ultimately gives him life) and in the exclusive relationship to his creator (father) who loves him dearly. Sadistic and masochistic impulses are expressed—his 'parents' must suffer, his enemies (e.g. the cat and fox) are symbolically castrated, Pinocchio is ridiculed, punished, and is half-castrated (no ears, not quite human). Regressive anal and oral pleasures are allowed: 'messing up', being eaten up (swallowed by the dogfish), consuming the sustenance of his protectors. On the other hand defensive functions are also represented: Pinocchio is wooden, without real emotion and indestructible (isolation and denial); he does 'bad' deeds but invariably undoes them (doing and undoing); he is always misled by 'bad' companions (projection). In the end, resolution is achieved by the development of object-love relations to his parents and the acceptance of the reality principle—Pinocchio becomes a real boy.

In adolescence, increased instinctual tensions revived an intense masturbation conflict in the patient. The first obsession over cheating is a direct confession of masturbation guilt. In the final expression of his neurosis—the insect obsession—the Pinocchio fantasy emerges once again: the insect, which is Pinocchio, the penis, is actively scratched, i.e. masturbated. The insect is a remarkable condensation of diverse instinctual and defensive trends and is highly overdetermined: it is also his conscience, which must be got rid of (the talking cricket); his father who must be murdered (Honeybug); he who is tortured (born under the sign of Scorpio); his mother, a woman, crushed during intercourse (the ants with breasts); the insignificant child whom he wished to destroy and to love; the castrating monsters (the stinging bees and tiny planes); the devouring beasts (fruit flies who eat one another) and the animals who thrive on filth and faeces (house flies). In the analysis, noticeable progress was achieved in proportion to the revelation and working through of the intricacies of the patient's unconscious identification with Pinocchio. So much instinctual and defensive energy was bound up in the Pinocchio fantasy that it has been only after great struggle that the patient is learning to give up Pinocchio and masturbation and to carry out the resolution suggested in the story—to develop adult object relations and a realistic appraisal of his environment.

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(2) FREUD, ANNA. 'Certain Types and Stages of Social Maladjustment.' In *Searchlights on Delinquency*, edited by K. R. Eissler. (New York: International Universities Press, 1949, pp. 193-204.)

BOOK REVIEWS

Sigmund Freud. Life and Work. Vol. I. The Young Freud, 1856-1900. By Ernest Jones. (London: Hogarth Press, 1953. Pp. 454. 27s. 6d. New York: Basic Books, Inc., 1953. Pp. 428. \$6.75.)

I

This volume, appropriately dedicated to Anna Freud, covers only the earlier period of Freud's life and work; the biography will be completed in two further volumes.

In his Preface the author says of the book 'Its aims are simply to record the main facts of Freud's life while they are still accessible, and—a more ambitious one—to try to relate his personality and the experiences of his life to the development of his ideas.' This first volume is certainly a remarkable achievement. It could have been written only by Ernest Jones and then only with the full support of the Freud family, and it will be evident to every reader that the author has been unsparing in his most exacting labours. The outcome is a record as detailed, and as accurate in its detail, as such an account could well be; it provides the fullest attainable authentic story of 'The Young Freud' and, thereby, the means of discrediting any 'mendacious legend' about him. The presentation of his intellectual background is masterly, as are also the chapter groupings of the material and the choice of illustrations.

It is common knowledge that Freud cherished privacy in personal affairs, and the compiling of a truthful account of his formative period is clearly a delicate matter, demanding sensitivity and a high degree of courage and skill in the biographer. Fortunately, Ernest Jones possesses these qualities in full measure, but even his writing gives some indications of the difficulties of his task. Occasionally, a slight floridity tends to mar the normally impeccable style, and, from time to time, the effort to guard against giving false impressions leads to rather too much argument and explanation. But these minor signs of stress in no way impair the intrinsic value of the book, which presents a convincing picture of genius in the making. There is, indeed, no reason to regard the psychological growing-pains of the young Freud as in any way discreditable; only inner need could have sustained the self-analysis which came to such abundant fruition in his mature personality and in the creation of psycho-analysis.

The book is not intended to be a popular biography but, inevitably, it will be read by many persons other than psycho-analysts, and non-

specialist readers may find certain chapters heavy going, particularly since the logical grouping of the material entails some overlapping. For readers who find difficulty, e.g. with Chapter X, 'The Neurologist', a short cut is provided by a brief review of Freud's work in neurology (pp. 241-2). Chapters XI and XII, 'The Breuer Period' and 'Early Psychopathology' respectively, are summarized together (pp. 312-5). Other general readers may find it hard to credit such passages as the reconstruction of Freud's infant reactions to his mother's pregnancy (p. 16), though it will surprise no working psycho-analyst. In a book of this kind some difficulties for the general reader are unavoidable, but every psycho-analyst and many other people will await the second volume with eager anticipation.

M. Brierley.

II

The Life and Work of Sigmund Freud, Volume I, by Ernest Jones, is an extraordinary achievement. The biographical study is based on a careful examination of some 2,500 letters and other documents of the Freud family. The facts have been systematically organized, condensed and moulded into a clear portrait of the man Sigmund Freud. But this book is more than a biography; it is also a successful attempt to uncover in Freud's personality some of the origins of his genius. Finally, this work is a history of Freud's science, psycho-analysis and it relates his experiences and his temperament to the development of his ideas. Though Ernest Jones has written carefully and with scholarly precision, he manages to capture the human qualities of his subject. He has obviously written out of great admiration, yet he never falls into blind adoration or hero-worship. He has used his own fine interpretive skill so modestly and unobtrusively that one follows him willingly and eagerly and is not jarred by wild speculations or exhibitionistic displays. And in addition Jones has given us a compact and accurate history of Freud's ideas which preceded and eventually led to the monumental discoveries in psycho-analysis.

It is fitting and proper that Jones should have been given the honour and responsibility for undertaking this important task. He is the only survivor of the small circle of co-workers who were in constant contact with Freud for over forty years. We may get a glimpse of Jones' approach to his material as well as of his literary style from this quotation dealing with his qualifications for writing the book: '... Perhaps the fact of my being the

only foreigner . . . in that circle gave me an opportunity for some degree of greater objectivity than the others; immeasurably great as was my respect and admiration for both the personality and achievements of Freud, my own hero-worshipping propensities had been worked through before I encountered him. And Freud's extraordinary personal integrity—an outstanding feature of his personality—so impressed itself on those near to him that I can scarcely imagine a greater profanation of one's respect for him than to present an idealized portrait of someone remote from humanity. His claim to greatness, indeed, lies largely in the honesty and courage with which he struggled and overcame his own inner difficulties and emotional conflicts by means which have been of inestimable value to others.

This first volume is organized into chapters each of which is devoted to the critical conflicts and formative events in the various phases of Freud's development. Although this makes for some repetition, it does have the great advantage of bringing to life the portrait of Freud himself as well as his contemporaries and the society of the time. Thus Jones has given us an ample opportunity to satisfy our normal and proper curiosity about the origin and history of a great man and a great idea. The psycho-analyst of to-day ought to be indebted to Ernest Jones, for he has demonstrated to the world at large and to the serious student in particular how the careful use of documentary evidence and the deft and conservative use of analytical interpretation can produce a valuable contribution in the fields of biography and psycho-analysis.

Ralph R. Greenson.

The Standard Edition of the Complete Psychological Works of Sigmund Freud. Translated from the German under the General Editorship of James Strachey, in collaboration with Anna Freud, assisted by Alix Strachey and Alan Tyson. Vol. VII (1901–1905). *A Case of Hysteria, Three Essays on Sexuality, and Other Works.* (London: Hogarth Press, 1953. Pp. vi + 335. £36 per set of 24 vols.; sold only in sets.)

This volume fully maintains the high level of its predecessors in the *Standard Edition*. Comparison of sample passages again suggests that the new translation is often very close to what Freud himself might have written had English been his mother-tongue; previous translations tend to show less complete command both of the English and the German languages and not infrequently obscure essential meaning by too literal an adherence to the German text.

The heart of this volume is the *Three Essays on the Theory of Sexuality*, the work that rates as of equal significance with *The Interpretation of Dreams*, and which Freud took similar pains to keep up-to-date. Like the new edition of *The Interpretation of*

Dreams, this edition of the *Three Essays* indicates, with dates, every alteration of substance that has been introduced into the work since its first issue, cancelled passages and earlier versions being given as footnotes. In a 'Note' the editor gives an excellent summary of the development of sexual theory. The essential findings of the Essays themselves are, of course, condensed in Freud's own 'Summary'. An Appendix gives a 'List of Writings by Freud dealing predominantly or largely with Sexuality'.

The 'other works' include shorter, more or less contemporary (1905, 1906) papers on technique, therapy, and aetiology—all new translations. The translation of 'Psychical (or Mental) Treatment' is, so far as is known, the first to be published. As a footnote points out, this early paper contains one of those anticipations, so common in Freud's writings, of views only worked out much later, in this case a hint of a future psychology of love-relationships.

The German original of the last paper, 'Psychopathic Characters on the Stage', does not appear to have been published. The volume ends with a Bibliography, a List of Abbreviations, and a General Index.

M. Brierley.

On Dreams. By Sigmund Freud. An entirely new Translation by James Strachey. (London: Hogarth Press, 1952. Pp. 79. 9s. 6d.)

Totem and Taboo. Some points of agreement between the mental lives of savages and neurotics. By Sigmund Freud. Translated by James Strachey (London: Routledge & Kegan Paul, 1950. Pp. 172. 14s.)

These are two further instalments of Mr. Strachey's new translation of Freud's writings. *On Dreams* is a small book, not particularly well known even by psycho-analysts. *Totem and Taboo*, on the other hand, is one of the most widely known of Freud's writings, and through long influence has carried the argument of psycho-analytic thought into general knowledge. When it first appeared, *Totem and Taboo* broke new ground, and it has proved to be the forerunner of a whole series of studies which apply psycho-analytic insights in the fields of anthropology and sociology.

On Dreams was published in 1901. The first English translation was made by Dr. Eder and published in 1914. For those to whom the work is not familiar the dust-jacket recommends it as "an easy introduction to the larger work"; it is also described as having been written a year after *The Interpretation of Dreams* as a résumé for the benefit of the general reader. However, its small size could be misleading, for the abridgement proves to be only a concentration, and as with all Freud's 'Introductions' and 'Outlines' the book requires a good deal of sophistication. It is, in fact, especially interesting for those who have read *The*

Interpretation of Dreams, for it is itself like a dream told a second time in that it offers contrasts with the larger work which clarify and provoke thought if the reader knows how a particular theme was handled previously. Read by itself, however, the book is still not a simplified presentation, for like most of Freud's writings it takes for granted concepts which he has formulated elsewhere. The basic concepts with which it deals, even when they can be simply stated, as, for example, the difference between the latent and manifest dream content, the nature of the dream-work, or the dynamic nature of repression, have revolutionary implications once they are understood, and this makes them 'difficult' when encountered for the first few times. When this has been said it remains that this is not a forbidding book, and apart from its scientific purpose it may serve as an introduction in some cases for the 'general reader'.

Totem and Taboo dates from a decade later. It appeared in instalments in 1912 and 1913, the English translation by Brill being first published in 1918. This translation has in England, at least recently, been available only in the paper-covered 'Pelican' edition, in which the text was muddled up with the footnotes and the bibliography in a confusing manner. The appearance of a bound edition with larger print and larger pages is in any case welcome, but Mr. Strachey has also provided a much more readable text, and has put the bibliography at the end and subdued the footnotes so that they no longer trip one up.

The basic argument of the book apart, the main interest of re-reading in a new translation was, for this reviewer, the impact of Freud's asides; for example, he gives a scrupulous discussion on p. 158 of the question of inheritance of acquired memories and their relation to a collective-group mind. Another passage of similar interest occurs at the end of a discussion on Totemism in Childhood (pp. 160-1), in which Freud shows his unrelentingly biological approach. He argues, evidently once again from analogy with the reflex arc, that in the case of neurotics 'the thought is complete substitute for the deed. Primitive men, on the other hand, are uninhibited: thought passes directly into action . . .', and he ends this passage by quoting Goethe: 'In the beginning was the deed'. Freud's ability to reconcile his speculation and observation with the heritage of culture is always a pleasure, but his consistently biological orientation gives a universal and scientific polish to this book, which has so often been criticized from specialized points of view.

Martin James.

Ego Psychology and the Psychoses. By Paul Federn, M.D. Edited and with an Introduction by Eduardo Weiss, M.D. (London: Imago Publishing Co., 1953. Pp. 375. 30s.)

Dr. Weiss deserves gratitude for having collected and carefully edited Paul Federn's contributions to ego psychology and to the psychopathology and therapy of the psychoses. A comprehensive introduction and the excellent synopses preceding the articles provide a valuable guide through Federn's writings. Coming from a colleague and friend who knew the author's mind better than anyone else, they are of great help for the understanding of the many interesting observations and of the metapsychological theories presented in this volume. Federn was an excellent clinical observer and an original thinker. His studies in ego psychology, and in particular in the changes of ego functions in the psychoses, have established for him an honourable place among the psycho-analytic pioneers in their field. They have an important bearing on the psycho-analytical treatment of the psychoses. This book will be welcomed by the growing number of psychiatrists actively engaged in this work.

E. Stengel (London).

Selected Papers (including two papers in collaboration with Edmund Bergler). By Ludwig Jekels. (London: Imago Publishing Co., 1952. Pp. 201. 21s.)

The author of the papers collected in this volume was one of Freud's earliest collaborators. They were originally published between 1914 and 1934, and deal mainly with the application of psycho-analysis to problems of history and literature. Jekels was well equipped for this task, owing to his wide knowledge, and throughout the book his erudition gives his papers a special flavour and makes their reading stimulating. His mind is not lacking in originality. The paper on 'The Psychology of Comedy' deals with a subject to which, so far as the reviewer knows, no other psycho-analyst has devoted a full paper. Comedy is concerned with the same unconscious conflict as tragedy, but the 'guilt which, in tragedy, rests upon the son, appears in comedy displaced on to the father; it is the father who is guilty'.

The first and longest paper of the book, 'The Turning-Point in the Life of Napoleon I', which was first published in 1914, deals with the unconscious problems in Napoleon's life in terms of the Oedipus situation. The turning-point is the dramatic change in Napoleon's life: from being an ardent Corsican nationalist who fought against the French, he turned to the French and became identified with them. This attitude was made possible for Napoleon by his having split his father imago, for each aspect of which there was a reality figure: Paoli, the hero of Corsican liberation, and Napoleon's own father who stood for a union with France. Napoleon's indignation with the invading foreigners had also a personal basis, as his mother, Madame Letizia, was accused of being 'more than a friend' to Marbeuf, Governor of Corsica and Lieutenant-

General of the French forces. It was also through Marbeuf that Napoleon joined the French artillery. When Napoleon later turned against Paoli, Jekels describes a corresponding change in Napoleon's attitude to England: Napoleon, in his youth, had so much affection and liking for England and the English that he was considered an 'Anglomane' in Ajaccio. His 'irrevocable break with Paoli was his suspicion that the latter would call in the English as allies against the French'. Napoleon's attitude to women was similarly ambivalent. He held the loved and faithless woman in contempt.

In a paper dated 1930 on 'The Psychology of Pity', Jekels directs his interest to object relations, a theme which is also prominent in other and later papers. He distinguishes two types of pity: one an identification, the other a real object cathexis. In the latter type subject and object are separate and the ego is confronted by a well-defined thou. In this type of pity, which Jekels calls masculine pity, the ego treats the sufferer as an object in the same way as it would like to be treated by its own superego. Unlike the first type, the ego does not seek suffering, it rejects pain. Only here the urge to help is inherent in the ego.

Other papers deal with Shakespeare's *Macbeth*, the festival of Christmas, the sense of guilt, etc.

The book also contains two papers written in collaboration with E. Bergler, dealing with 'Instinct Dualism in Dreams' and 'Transference and Love'. The author and his collaborator are aware of the necessity for assuming guilt feelings in the infant (p. 199), which they have difficulty in explaining, as they are not prepared to consider a revision of the classical theory according to which the superego emerges only after the complete resolution of the Oedipus complex. They hope to reconcile their assumption with the classical theory by saying that they are speaking here only of the preliminary stages of the superego. Their paper would have been more useful if they had not consistently ignored the work on this and similar topics that had been done in England before and around that time (1934).

H. A. THORNER.

The Gates of the Dream. By Géza Róheim. (New York: International Universities Press, 1953. Pp. 554. \$10.00.)

This book presents a new theory of dreams: a theory intended to supplement the work of Freud. The author's hypothesis is that the dream is primarily a reaction to the fact that we are asleep, and that there is a basic dream which represents this reaction. To this basic dream other layers, derived from our working life, are then added. Going to sleep represents uterine regression and giving up the security of the object world; and the dream itself is an attempt to get out of the womb, but at the same time carries with it the undirected id,

coitus, and uterine regression, which it is trying to negate.

The author presents his argument with data from his own experience, from clinical practice, and from Australian mythology. Instead of a closely reasoned argument, however, a great series of dreams and myths is recorded. Such an overwhelming collection of data, while interesting in itself, is sharply out of balance with the limited theoretical analysis, and makes the book unnecessarily long and expensive.

E. Jaques.

Psychoanalytic Explorations in Art. By Ernst Kris. (New York: Int. Universities Press, 1952. Pp. 357. \$7.50; London: George Allen & Unwin, 1953, 52s.)

This volume collects fourteen essays, written by the author over a period of more than twenty years, concerning the nature of art as elucidated by psychoanalytic methods, concepts, and theories. Except for the introductory essay which has been rewritten and considerably expanded, and a hitherto unpublished essay which is added to the third as an appendix, the essays are reproduced largely unchanged. They have, however, been provided with footnotes which give an orientation to the relevant literature of recent years, and to some extent interrelate the essays here collected. The choice of this form of publication unfortunately results in some redundancy and lack of cohesiveness.

Those familiar with the psychoanalytic literature—particularly with the trials and tribulations of the psycho-analytic investigator who wants to shed some light on the nature of art, the artist, the art product and the effect of art on the audience—will not fail to be impressed with this volume. The very persistence in one field of study—rare in the literature since Freud—is in itself striking. A sustained attempt to do more than decipher the latent meaning of the manifest art product and then to relate that meaning to the artist's life is—to say the least—still infrequent. The vigilance and sensitivity with which material is gathered, from such varied fields as ancient biography, aesthetics, art criticism, subjective accounts of artists' experiences, historical accounts of psychotic artists and their products, clinical observation of psychotic artists and their products, psycho-analytic observations, and others, have succeeded in culling material for future work and have provided hints for future investigators as to where and how such material may be found.

The merit of Dr. Kris's studies is thrown into relief when set against the background of the major trend of psycho-analytic studies of artists and their works. This major trend, which has become standardized in the decades since Freud's discussions of Leonardo da Vinci and Jensen's 'Gradiva', consists of several more or less parallel running prescriptions:

(a) Study a work of art and infer from it the

basic—and omnipresent—wishes and/or conflicts it seems to imply. Assume then that these are unconscious wishes and/or conflicts of the artist, and infer that he had some sort of access to his own unconscious processes and that the audience reacts to his expression of them. Thus, you may assert that you have contributed to the verification of truths discovered by psycho-analysis by means independent of its technique; and that you have contributed to the understanding of the effect of the art-work on the audience. Dreams, songs, myths, ambiguities, paradoxes, slips of the tongue, and other parapraxes incorporated in the work of art will serve you particularly well in reaching such conclusions.

(b) If you are more thorough you will turn to the life history of the artist, and if you are lucky or undaunted you will find material in it which confirms the inferences concerning wishes and conflicts that you have drawn from the artist's work. If you are especially careful, you will locate the work of art in the life-course of your artist and show that his experiences are used in relation to his conflicts and wishes in the same way that day-residues are used in relation to the latent thought in dreams. Study of several works of the same artist, set against the background of his life's course, may permit you to make inferences regarding the various ways in which he coped with his conflicts at various points of his life.

(c) If you are bent upon being up to date, you will not be satisfied with searching for wishes and conflicts but, duly equipped with the knowledge about defences and their multiple layering, you will look for and find these in the work of art. And these, too, can be confirmed—with luck or sufficient arbitrariness—by the life history. This pursuit is particularly rewarding when the artist conceived his work while in analysis.

(d) But you may be bolder and may want to go beyond Freud (and not only in pursuing the above lines more thoroughly) who thought that we have no means of tackling the core of the artist's genius. Then you will gather evidence as to the basic conflict common to all artists. (The oral conflict is a particularly suitable one, but exhibitionism may do.) In this pursuit you may or may not want to mix in defensive character-forming processes. At any rate, you must carefully avoid defining your pursuit as the 'vocational choice' of the artist, because that might involve you in complex cultural and social considerations which would impede you in establishing connections as time-honoured as those between aggression and the vocations of soldiery or butchery, urethral eroticism and the vocation of the arsonist or fireman, etc.

Dr. Kris—while he demonstrates in his 'Prince Hal's Conflict' that he is master of these techniques—is not satisfied with these tried recipes alone. He drives home the theses that: (1) the problem art

poses for psycho-analysis is not that of the commonalities but that of the differences between art-work on the one hand and dream and daydream on the other—that is, the problem is that of the form; (2) the problem art poses for psycho-analysis is not just that the art-work is a particular expression of, or defence against, wishes and conflicts, but rather what the cathectic economics of this particular expression are.

Thus, he is interested in the dynamics of the experience of artistic invention (Chapters 13, 14) and of the enjoyment of art (Chapters 6, 7, 8), rather than in the relation between the lives and the works of artists. He studies the style rather than the content of the art-work, and the communicative rather than the self-expressive characteristics of it. To do this he turns to the art of psychotics (Chapters 3, 4, 5) and to criticism; that is, the study of style (Chapter 10), in which he finds the equivalents, for his purpose, of the 'missing links' for the student of evolution.

But these points do not exhaust the merit of this volume. The persistent attempt to gather material is accompanied by an equal persistence in formulating assumptions and theories to account for the material. And this is the crux of the matter: Kris's theories, at one and the same time, are both steeped in what might be called id-psychology and are building-stones for present-day psycho-analytic ego-psychology. Our understanding of art is still scanty, and the question *how much* Kris's contributions have advanced it will be debated for some time. What will probably not be debated is this: Kris has advanced our understanding of art. He alone has shown persistently that the demonstration of the expression of various id tendencies and defences in works of art does not *per se* explain art, and that an oral complex *per se* does not explain an artist. Furthermore he has pointed to and used new approaches to the understanding of art. In doing so he has developed new conceptual means, and these have proved to be both contributions to ego-psychology and introductions of ego-psychology into the study of art.

What are the main theses developed by Kris?

(1) The artist's 'repressions' are more flexible than those of other people. Artists have easier access to 'id-material' and also are able to subject this material to an ego-synthesis.

(2) Art developed from magic action into a form of communication. In psychotic artists, art regresses from communication to magical action.

(3) Artistic invention or inspiration is a temporary 'regression in the service of the ego', that is, an ego-controlled regression, after which the material which has become available to the artist, and which abides by the rules of the primary process, is subjected to synthetic elaboration by the secondary process.

(4) Artistic creativity is fundamentally a passive

(regressive) inspirational process; but it also implies active elaboration of the passively attained material.

(5) The concepts of 'bound energies', 'neutralized energies', and sublimations, are not synonymous, and all three are necessary for the conceptual representation of creative activity and of the audience's reaction to its product.

Since several of these essays have not been available in English until now, and since the various materials Kris treats of attain quite a different significance once they can be surveyed synoptically, and, finally, since the literature of ego-psychology is extremely fragmentary and scattered, this volume fulfils a real need. Yet the reviewer cannot forego an expression of regret that we have not been given a unified presentation of all this material and of the theoretical views which inform it. The introductory essay on "Approaches to Art" and the final one "On Preconscious Mental Processes" present the author's views to a considerable extent, but they do not give what would be offered by a systematic presentation, even if much more condensed than the present volume.

The reason for foregoing a systematic representation of this material may be conjectured: our psycho-analytic understanding of art is limited, and a systematic presentation of explorations towards it might seem premature. The author is keenly aware of these limitations, and indeed one of the merits of this volume is that it does not hesitate to point out the gaps in our knowledge. He reminds us that so far we have no way of approaching an understanding of the genius; that so far we have no real understanding of the 'vocational choice' of the artist; that a psychology of style is simply non-existent; that the exploration of the dependence of the work of art on society, culture, and contemporary setting has as yet barely begun. If a critic may be permitted to bring solace, I would say this situation might well be remedied by the study of, and the psycho-analytic re-evaluation of, literary and art criticism and what they have discovered about style, an avenue but barely opened by Kris (Chapter 10); and by the application of the approach Ginsburg, Ginzberg *et al.* have opened to vocational choice and of the ego-psychological concepts Erikson has developed for the treatment of complex psychosocial phenomena.

The psycho-analytic investigator and student is given, in this volume, a collection of one of the sources of the concepts and thinking of present-day ego-psychology. The broad range of materials for sources of, avenues to, problems in, and concepts for the study of art by psycho-analysis, collected in this volume, is more likely to stimulate explorations in the psychology of art and to set the contemporary standard for it than any other contribution since Freud's early work.

David Rapaport.

Psychanalyse de l'Artiste et de son œuvre. By Dr. N. N. Dracoulidès. Foreword by Dr. H. Hesnard. (Genève, Collection Action et Pensée, Aux Editions du Mont-Blanc, 1952. Pp. 232, with 18 illustrations.)

The author is a Greek psychiatrist who, as Dr. Hesnard of Paris tells us in his foreword, is also a biologist, a poet, an old student of the École des Beaux-Arts, and a translator of French literary works. He has over a dozen books on medical psychology and many articles on psychiatry to his credit.

His book, *The Psycho-analysis of the Artist and his Work*, is full of scholarship and makes very interesting reading. He is certainly at home in the field of history of art and literature, particularly French. The general approach to the subject is psycho-dynamic, but there are also excursions into the fields of experimental and social psychology.

Occasionally the reader comes across assertions which seem to be the conviction of the author rather than views held by psycho-analytic science as such. To this category belongs the statement that artistic creativeness, being the result of conflict (and therefore really a neurotic symptom), would tend to diminish and disappear under analysis. The historian-sociologist, on the other hand, would perhaps question the negative correlation, which he thinks does exist, between the prosperity of a nation and its artistic output.

Almost half of the book is devoted to the analysis of modern movements in art and literature. The author demonstrates convincingly the almost psychotic nature of some of these 'Schools'. He seems to be well informed about his subject, though not very kindly disposed towards it. He writes, 'Pour nous, Symbolisme, Impressionnisme, Futurisme, Expressionnisme, Dadaïsme, Surréalisme, Existentialisme, Suprématisme, Lettrisme, Abstraitisme, forment les gradins d'un escalier symbolique que l'homme de notre siècle doit descendre jusqu'à la dernière marche afin de pouvoir recommencer une ascension avec un pas plus ferme et plus optimiste.' (For us symbolism, etc. . . . form the steps of a symbolic ladder down which the man of our century must descend to the last step in order to be able to start an ascent with firmer and more optimistic steps.) Statements such as these, in so far as they are judgments of value, are of course non-scientific. However, I wonder if the art critic would agree with his lumping together all movements in modern art and thus condemning them all in one breath.

It is to be regretted that the author has not considered some recent contributions to the psycho-analytic study of art. The works of Ernst Kris, for example, are not mentioned, neither are the contributions of British psycho-analysts.

M. Sanai.

New Dimensions of Deep Analysis. A Study of Telepathy in Interpersonal Relationships. By Jan Ehrenwald, M.D. (London: George Allen and Unwin, 1954. Pp. 316. 25s.)

Dr. Ehrenwald has set himself a difficult task in attempting to present in a systematic and scientifically acceptable way those strange data that have forced themselves on the attention of numerous psychotherapists in the course of their work, data seemingly inexplicable on currently accepted hypotheses of mental structure and function, which have come to be known as psi phenomena. It would be surprising if such a pioneering attempt were uniformly successful, but Dr. Ehrenwald has earned our gratitude for the courage and initiative he has shown.

One of the most valuable of his contributions is to be found in his effort to specify more clearly what are the kind of clinical data that psychotherapists should regard in this light. What can we consider as an 'unequivocal' psi phenomenon? We cannot rely on statistics, as in card-guessing experiments, and must find other criteria if we are to be in any degree objective. Such a criterion is what Ehrenwald calls the 'tracer effect', a term borrowed from biochemistry and defined as 'the appearance of well-defined identifying data or of a multiplicity of distinctive features in mental content presumed to be telepathic'. It may be objected that it remains a subjective judgment what are to be accepted as well-defined identifying data, but I suppose the same difficulty arises in statistical work on psi in relation to the odds against chance which one accepts as convincing evidence. Another criterion is to be found in the psychological significance of the supposed psi phenomenon—how does it fit into the total psychological constellation, especially into the current transference-countertransference situation?

Ehrenwald describes clinical material from eight of his patients who showed one or more such unequivocal psi phenomena, and he gives an extensive account of six or seven incidents. The suggestion is made, however, that it is probably only the exceptional case of psi occurring in the course of psychotherapy that happens to be revealed by a tracer effect, and that other psi occurrences may be very common, though undetected, so that we have to think of the therapeutic relationship on three levels—ego, id, and psi. It would follow that much therapeutic influence may be exerted without interpretation, or at least before the relevant interpretation is overtly given. Furthermore, however, it is evident that by what Ehrenwald calls 'telepathic leakage' from the therapist the patient may produce material that has more relevance to the therapist's than to the patient's psychology, a circumstance which may explain cases where the patient produces material which is theoretically most gratifying without its having any therapeutic

effect. In this connection, however, Ehrenwald makes the interesting clinical observation that psi phenomena almost invariably occur in the setting of a positive transference and are usually followed by at least a transitory clinical improvement. He deals rather cursorily with the important problem of whether and when the therapist should inform the patient of what appears to be going on. In Ehrenwald's view this should be done only in the later stages of treatment and only in the presence of a positive transference.

Some chapters seem to be of lesser value, for they refer to rather familiar clinical observations which *might* be manifestations of psi but present no unequivocal criteria. I feel that this only weakens the author's argument. Examples are taken from the parent-child relationship, cases of 'neurotic interaction' and 'complementary neuroses'.

In his attempt to relate psi phenomena to the general body of psychological knowledge Ehrenwald makes much use of the concepts of empathy and what he calls 'enkinesis', the motor counterpart of empathy. His thesis is that human endowment includes an innate tendency to make contact and co-operate with one's fellows by an extension into the hetero-psychic sphere of autopsychic sensory and motor functioning—as is seen directly in empathy and enkinesis and as may be deduced from psi phenomena. It must thus become necessary to abandon the classical psycho-analytic view of the individual as a 'closed system' having only indirect contact with his fellows. Perhaps I might add that this may mean only taking more seriously or literally such psycho-analytic concepts as those of primary identification and the primary process.

W. H. Gillespie.

Child Training and Personality. By John M. Whiting and Irvin L. Child. (New Haven: Yale University Press. \$5.00. London: Cumberlege, 1953. Pp. vi + 353. 32s. 6d.)

'Does the woman knit the stocking, or is she knitted by it?' Groddeck asked, as well may the student of culture and personality. For while no one would deny that the interaction between cultural and personality factors is reciprocal, the understanding of the specific way in which events in the social system influence and are influenced by psychological events so far eludes us. Doubtless one of the reasons for this is our failure to find a suitable 'middle' language through which to co-ordinate the constructs of social structure with those of personality theory. Kardiner's 'basic personality type' promised much at first, but while useful in summarizing personality constants, it was of little use when it came to explaining why certain 'projective systems' are collectively reinforced to operate at the different level of institutions.

An inherent difficulty in assessing the relation between the two sets of events arises from the

different speed with which changes come about in the two systems. It is even possible to say that not only the effect, but often the aim in institutionalizing a given behaviour pattern is to ensure continuation of a relationship or role beyond the period of time that a given individual or group expect to occupy it. While one may seek a small part of the answer in the individual's need for stability in his relationships with others, this does not begin to tell us why a specific form of institution is adopted. The problem has many parallels in psycho-analysis: for instance in dream interpretation we need to recognize a number of different levels of motivation—the need to maintain sleep, to find expression for undischarged drives, and to serve the defensive aims of the ego. While we cannot specify the third without insight into the first two, the factors of structure or organization cannot be reduced to those of content.

While lip-service is usually paid to this principle of levels of explanation, in practice the implications for both theory and method are seldom explored. A few attempts have been made to bring psychologists and psycho-analysts into sociological and anthropological research teams, but for the most part the attempt to relate culture and personality has been made from the arm-chair, and more recently from the filing cabinet. The source material for the present study comes from the Human Relations Area File, a vast index of ethnological data assembled at the Yale Institute of Human Relations. A number of studies have already appeared since the Cross-Cultural Survey was set up in 1937, and no doubt now that the files have been duplicated in a number of American Universities there will be many more shoots on the Golden Bough. Whiting and Child are the first to use the files to relate personality and cultural data in a large number of societies.

A correlational method was employed to determine the extent of concomitant variation between the methods adopted in dealing with a number of aspects of child training, and the nature of customs relating to illness and the threat of death. The areas of training chosen were those of oral, anal, sexual (= genital) behaviour, dependence and aggression, with a further subdivision in the case of genital behaviour into immodesty, masturbation, heterosexual and homosexual play; and in the case of aggression into temper tantrums, physical and verbal attacks, property damage, and disobedience. In all these areas, judgments were made in respect of 'initial satisfaction potential' (= degree of early indulgence) and 'socialization anxiety potential' (= degree of severity of discipline), age at which training attempts were begun, and relative importance of various agents (parents v. siblings, etc.).

The analysis of the explanations of illness was based on five variables: the agency (e.g. ghost,

sorcerer, animal spirit), the belief in the patient's responsibility for his own illness, the act that is believed to be the contributory cause, the materials (e.g. poisons, menstrual blood, magical weapons) thought to produce illness, and the means by which these materials have their effect. A similar scheme was used to categorize therapeutic practices.

The source material consisted in ethnographic reports on seventy-five different primitive societies, but as the amount of data available on any given society varied from one to several hundred pages, it was usually not possible to use more than half this number in testing hypotheses.

The judges had the task of working through this material and rating the variables on seven-point scales. The judges were research assistants without anthropological training, chosen in the hope that ignorance would promote objectivity. This seems a very doubtful assumption, however, as the judge's task was a very complex one: he was to use the ratings, 'weighting them as seemed appropriate in the light of the evidence for the particular society, in order to arrive at an over-all judgment. . . . Reliability coefficients were computed between the judgments, and most comparisons are based only on those of which the authors were fairly confident (correlations of the order of 0.5).

When one considers the vast amount of work involved, it is the more disappointing to come to the conclusion that the study contributes little to the clarification of the culture-personality problem, and even less to the development of mutual respect between anthropologists and psychologists for one another's methods.

Neither of the authors is a psycho-analyst (Whiting is an anthropologist and Child a psychologist), although they follow the Yale tradition of reinterpreting a selection of psycho-analytic ideas in terms of a generalized version of Hull's behaviourism.

The most surprising feature of their theoretical position is the way in which the concepts of social structure are at the outset removed from the stage by a series of definitions. For while the authors state their aim as the discovery of 'how culture is integrated through the medium of personality processes', they dispose of culture a little later on by saying that customs relating to illness and the threat of death are the 'cultural data we propose to use as indices of personality characteristics of the typical members of a given society'. The assumption which allows this transposition of cultural variables to those of personality is that those customs survive which best fit individual phantasies. Individual phantasies are indices of personality characteristics; therefore it is argued that a long history of practice of a given custom indicates communality of personality traits in the society. Nor does the rider to the effect that the value of custom as an index of per-

sonality will be reduced to the extent that customs are 'now being learned by members of a society solely as a result of their being specified as customary behaviour' modify this 'psychologizing', since no data are examined to test it. The one case where social structure data are used is in making an *ex post facto* test of the relation between residence customs and an index of guilt.

The central theme of the hypotheses relating child training practices to customary ways of dealing with illness is that of fixation. Positive fixation was expected to result from a high degree of indulgence of a particular form of behaviour; negative fixation from a high degree of frustration. Indulgence and deprivation were assessed from the child training information, and an index of 'personality' chosen for each type of fixation: customary therapeutic practices (positive) and customary explanations of illness (negative).

The idea of testing for differential effects of indulgence and deprivation is an interesting one, though the design of the study renders the findings somewhat equivocal. The hypothesis that deprivation leads to negative fixation was supported by the data, but the relation between indulgence and therapeutic practices was not affirmed. Since the severity of discipline imposed on the child for expression of a given drive or partial drive is on the whole negatively related to early indulgence, the authors did not proceed to make their tests in such a way as to assess interaction between variables. This makes it impossible to test the extent to which regression to one infantile fixation point is related to the experience of traumata in respect of another partial drive. The assumption of a simple one-to-one correspondence between drive frustration and the appearance of that drive in adult personality or cultural practice illustrates the superficial level at which psycho-analytic ideas are employed. The authors might have resolved many apparent inconsistencies in their findings by a more sophisticated use of the theory of defence. For instance, their finding that restrictions put upon oral behaviour in infancy are more closely related to the use of 'oral explanations' of illness (e.g. that illness was caused by poisoning, verbal spells, etc.) than is the case with restrictions put upon anal or genital behaviour is consistent with the characteristic association of the different defence measures with the various stages of instinctual development.

As with previous studies from the Yale school, the authors favour those aspects of psycho-analytic theory which put a premium on environmental influences (this becomes very confusing where the language of inner states is used to refer to environmental conditions); they assume that aggression is reactive, ignore the part played by internalized aggression in the development of guilt, and omit reference to ambivalence and its consequences in child training.

Cecily de Monchaux.

Annual Review of Psychology. Ed. by Calvin P. Stone and Donald W. Taylor. (Annual Reviews, Inc., California, Vol. 3, 1952. Pp. 462; Vol. 4, 1953. Pp. 484. \$6 per vol.)

Some discussion of psycho-analytic developments appears in both these volumes in the chapters on Psychotherapy, together with sections on group psychotherapy, research and training, and psychotherapy in schizophrenia. In neither volume is a systematic survey of psycho-analytic work attempted, although Nevitt Sanford's contribution to Volume 4 underlines some important recent developments. It is likely that these reviews will be of more use to psycho-analysts for the bird's-eye view they give of development in other and increasingly specialized areas of psychology.

Cecily de Monchaux.

In the Minds of Men; The Study of Human Behaviour and Social Tensions in India. Based on Unesco studies by social scientists conducted at the request of the Government of India. By Gardner Murphy. (New York: Basic Books, 1953. Pp. 366. \$4.50.)

In 1947 the Government of India asked Unesco to make available to it a consultant who would spend six months in India organizing research teams to explore the reasons for 'social tensions'. For this task Unesco chose Professor Murphy, one of the most eminent American social psychologists. The technical reports of the research teams were submitted to the Government of India. The present volume is a non-technical report of Professor Murphy's impressions regarding social tensions as well as constructive forces working for national unity in that country.

The author first discusses the general problem of the application of psychology to the study of social tensions. He then describes the research teams, from different Indian universities, who carried out the research. The research dealt with tensions between Hindus and Moslems, tensions resulting from the caste system, tensions caused by industrialization and the refugee problem. Mrs. Murphy contributes a chapter on Indian child development.

The interview, by means of the "non-directive", 'open-ended' questionnaire, was the main method of investigation, but other well-known attitude tests have also been used. The results thus obtained are always brought into relation with the general socio-economic picture of each region where tensions have been studied. The author discusses the value of the psycho-analytic method; he mentions only one case, however, in which this approach was adopted.

The author finds much bitterness between the groups studied. On the other hand, he finds many salutary forces tending towards integration and unity. Education, as previously found in other studies, is one of these salutary forces. In a con-

cluding chapter he discusses the ways in which America can help India. Here we find many interesting hints of how best the West can help the East and what each can learn from the other. The author's suggestions here are of great value, as they come from a man who can see the problem 'thoroughly and whole'.

Professor Murphy's book is eminently lucid and readable. It is a masterly example of how psychology can best be employed in tackling the more significant social problems of our time. The depth of understanding and the breadth of vision which he brings to bear on the problem should make his book valuable to all social scientists and those interested in the betterment of the human lot.

M. Sanai.

Sinn und Gehalt der sexuellen Perversionen (Meaning and Content of the Sexual Perversions). By M. Boss. 2nd Edition. (Berne & Stuttgart: Verlag Hans Huber, 1953. Pp. 136. Sw. Fr. 17.50.)

This little book was originally published in 1947. An English version, which was described as the second edition, appeared in America in 1949. The present, German, 'second edition' does not differ materially from the English version, but omits a useful preface which described where the author stands in relation to Freud, Jung, Heidegger, and Ludwig Binswanger. He has been much influenced in turn by all these, but the present book is written consistently from the point of view of 'existential analysis' (*Daseinsanalyse*). It constitutes a criticism of both the psycho-analytic and the 'anthropological' theories of the perversions and an attempt at a better understanding of these conditions by adopting the existentialist point of view. Beginning with a brief review and criticism of the former two theories, the author proceeds to the main body of his book, where he expounds his own theory. Very commendably, he does this by constant reference to case material, describing a fetishist, a coprophiliac, a kleptomaniac, a voyeur and exhibitionist, a sadomasochist, and three homosexuals (one psycho-neurotic, one psychotic, and one 'constitutional').

Boss's criticism of Freud, which relates to Freud's theoretical formulations rather than to the psycho-analytic technique, is of a fundamental nature, for it is directed against Freud's attempt to treat psychology as a natural science. Boss describes this as an objectifying mode of thinking, deriving from Descartes' *res cogitans* and *res extensa*; this 'mechanistic-physical' procedure reduces man and his love, in a causal-genetic manner, to mere instinctuality, to a collection of assumed part-instincts, separated from an outer world having countless external 'instinctual objects'. Thus an artificial conceptual system takes the place of full psychological reality and the essential nature of man escapes Freud's libido theory. Human existence, the essential something to which all these drives and objects belong,

slips through these concepts, and Binswanger is quoted with approval: 'every such objectifying psychology saws off the branch on which it sits.'

Boss's own approach is likely to present some difficulty to those, like the present reviewer, unversed in the existentialist mode of thought and expression. Briefly, he regards each perversion as the expression in the individual's love-life of the particular mode of existence which he has developed—of his mode of experiencing the world and 'dealing with it'. This seems to represent what psycho-analysts would call the individual's type of ego structure and preferred defence mechanisms. The perversion has to be regarded as a triumph of the individual's urge to love over the barriers imposed by his habitual way of life. Love is not a derivative of sexuality; rather is sexual behaviour, 'normal' or perverse, to be regarded as a technique for achieving a love-relationship, which itself is essentially a union of 'you' and 'I' into 'we', an undoing of the isolated human existence which is the essential basis of anxiety. Boss regards anxiety, not hate, as the antithesis of love, and (unlike Freud) he seems content to accept it as axiomatic that isolation is the origin of anxiety, instead of pursuing the matter any further. Although he wishes to discard the causal-genetic approach, it is clear from the case histories that Boss attaches much significance to the influence of the parents in forcing the child into the peculiar mould of existence which compels him to seek sexual union in the circumscribed or violent manner characteristic of his perversion.

The book is well worth study and is an interesting contribution to the ego problem in perversion. However, Boss does much less than justice to the work that has been done in this field since 1905 by Freud himself and by his followers. The English reader should be warned that the American version of 1949 is so poorly translated as to be barely readable, and the sense is in some cases not conveyed at all.

W. H. Gillespie.

Die Exekution des Typus und andere kultur-psychopathologische Phänomene (The Execution of the Type and Other Phenomena of the Psychopathology of Culture). By Prof. W. Wagner. (Stuttgart: Georg Thieme Verlag, 1951. Pp. 136. DM. 15.60.)

The author puts the case for a psychopathology of the various cultures and their vicissitudes. In his view the psychiatrist ought to understand why at times some particular abnormal tendencies come to the surface and why ideals and ideologies are overwhelmed by them. He sees in the overestimation of our types one of the most characteristic features of our culture. This tendency results in making types scapegoats for everything that goes wrong. It is a product of the scientific outlook. What is essential for human existence cannot be understood with the help of science, which always has to generalize, and thus leads humanity to self-destruction. By regard-

ing himself as a representative of a type the human being is bound to neglect his individual potentialities. The book is a philosophical essay written in a rambling fashion. The author has been influenced by Klages and existentialists. Psycho-analysis is not mentioned.

E. Stengel.

Über den Wahn (On Delusion). By Kurt Schneider. (Leipzig: Georg Thieme Verlag, 1952. Pp. 48. DM. 3.90.)

This is a concise presentation of the phenomenological approach to the problem of delusion. Following Jaspers, the author classifies the various delusions according to the subjective experiences associated with them. Their clinical significance is discussed. The author goes beyond phenomenology in expressing the view that the delusions in depressive illness uncover man's primordial anxieties. But he believes that paranoid delusions cannot be fully explained psychologically. He does not think that existential analysis can make a major contribution to the elucidation of the problem.

E. Stengel.

Encyclopedia of Aberrations. Edited by Edward Podolsky, M.D. (New York: Philosophical Library, 1953. Pp. 550. \$10.00.)

According to the note on the dust-jacket, this book is intended to 'cover all the basic manifestations of aberrational behaviour, as sexual aberrations, mental aberrations, emotional aberrations, character aberrations, religious aberrations, instinctual aberrations, social aberrations, sensory aberrations, intellectual aberrations, and perceptive aberrations.'

A large order.

As can be expected from this description, the compilation is a hotch-potch. The contributions can be roughly divided into those—the unsigned—that are mainly worthless, inaccurate, naive, vulgar, and sometimes frankly funny, and the signed articles which are reprints from reputable American journals of psychiatry and psycho-analysis. Amongst this group are to be noted Teicher's and Teitelbaum's papers on 'Disturbance of the Body Image', and various useful articles on drug intoxications.

James M. Taylor.

The Hand in Psychological Diagnosis. By Charlotte Wolff. (London: Methuen, 1951. Pp. 218. 32s. 6d.)

Dr. Charlotte Wolff has written yet another book on the hand, two chapters of which, in particular, will be of great interest to every psycho-analyst: 'The Hand and Intelligence' and 'The Hand and Temperament'. Her practical application, her method of hand interpretation, and her observations on mental defectives, mental illnesses, and the child, go somewhat outside our range of interest, but it is always worth while to compare means of objectively

assessing facts and diagnoses as against our method of subjectively hearing them from our patients and forming our picture from the contradictions and omissions of the objective approach.

The growing interest in the study of the ego goes together with a growing interest in the human hand. Charlotte Wolff describes very impressively how the hand, in itself so ineffective in comparison with the animal's paw or claw, yet holds the whole range of mental potentiality by its co-operation with the mind, and becomes in this way the tool from which all mental and physical expression emanates. Hoffer has called the hand 'the servant of the ego': this book proves above all that this is so. We cannot, of course, expect that a book which is concerned essentially with practical issues should deal with an aspect in which we are becoming increasingly interested; that is, the evolutionary factor, what use a child makes of the hand in any phase of his early development, and how the hand is an indispensable vehicle in the forming of the child's earliest love relationships.

Eva M. Rosenfeld.

A Survey of Rewards and Punishments in Schools. A Report by the National Foundation for Educational Research in England and Wales, based on researches carried out by M. E. Highfield and A. Pinsent. (London: Newnes Educational Publishing Co., 1952. Pp. 432. 42s.)

This well-designed and well-reported piece of educational research will remain an authoritative source of information in this field for many years.

Early in their book, the authors face the possibility of reaching only very 'obvious' conclusions after prolonged and elaborate investigations. With some justification, they point out that what is obvious is not necessarily true, and that what is obvious to one person may be obscure to another. The critic, thus disarmed, is now in the mood to consider means as well as ends. It is as an interesting venture in psycho-social methodology that the work holds the attention. It is to be hoped that many other problems of public importance will receive the same admirable treatment. The questionnaire method has its critics, but it is one of the few available ways for measuring attitudes in large-enough samples. The authors employ both ranking and rating techniques, and results are made easily accessible in tabulated form. At times the classificatory presentation is carried to excess, and stomachs habituated to free associative assimilation may find it a little indigestible.

The original frame of reference was somewhat wide, covering the large questions of rewards and deterrents. Although these are dealt with in many sections of the book, the main topic centres around the emotionally-charged problem of corporal punishment. This has aroused as much passionate and biased argument as the related one of capital

punishment. Here, however, the survey of opinion is largely limited to the punishers and the punished, but the authors are by no means unsophisticated in their understanding of the bias of 'interested parties.'

What is the relative predominance of psychological and environmental factors in the punitive situation? Do the teachers punish because they are sadistic, domineering, frustrated, over-compensating, or because of shortcomings in the work conditions? Do the children misbehave because they are 'naturally' naughty, ill-bred, maladjusted, or is the scholastic environment of the State school intolerably provocative for the developing child?

The total abolitionists are very much in the minority, and these are chiefly women. Most teachers, deprived of the weapon of expulsion, want to keep the cane available as a final measure of discipline for the really difficult children. These form but a small percentage of the whole, and most commonly lie in the 9-10 age group.

Are these children 'naturally' difficult or disturbed? Are the teachers who punish, disturbed? As one would expect, the passive misdemeanours are less punished than the active, although in one section, under the heading of 'more severe corporal punishment', the authors report a claim that compulsion and discipline have been used with success in the treatment of children suffering from schizophrenia, but fail to give a reference.

The authors see the problem in the light of a total situation. Corporal punishment is a symptom of a bad teacher-pupil relationship, whereby a 'tension system' is created which is self-perpetuating. Ideally one should treat the cause rather than the effect. It is doubtful wisdom to take away the cane from the inadequate teacher unless one is prepared to replace it with something effective. The inadequate teacher can least afford to lose class-control, self-control, and 'face'. And is the cane the most obnoxious and destructive manifestation of the authoritarian setting, or are the 'ego-deflating techniques' of ridicule and suppression equally conducive of pathological attitudes of submission or rebellion?

Durkheim felt that the tension system of the classroom was an inevitable concomitant of the teacher-pupil relationship and engendered desires for violence. The authors (and the teachers) think, on the contrary, that given certain reforms (smaller classes, special provisions for disturbed and retarded children, co-operative parents, curricula taking note of heuristic trends, developmental psychology, proper 'psychological' selection of teachers, whose training would include instruction on emotional disturbances in childhood) the relationship could remain mutually satisfying and beneficial.

Thering has said that the story of penalties is the story of constant abolitions. It is only necessary to create the milieu for the abolition.

This is an essential book for the child psychologist and educationalist.

E. J. Anthony.

Christianity and Psychoanalysis. Four Lectures and Panel Discussion. (Washington, D.C.: A Christianity and Modern Man Publication, 1952).

This volume contains a reprint of four lectures delivered in Washington, D.C., under the auspices of the Organizing Committee of Christianity and Modern Man. Each lecture is followed by extracts from the discussion evoked by it. Two of the lecturers are psychoanalysts, and two are clergymen with some knowledge of psycho-analysis, its technique and goals. The two lectures by analysts are by far the most interesting and valuable.

Dr. Edith Weigert's subject is 'The Psychoanalytic View of Human Personality.' She begins by observing that 'the patient uses the psychotherapist like an obstetrician' and points out that 'it is not so important which philosophy the obstetrician adheres to, but it is important that he know his job and that he dedicate himself to it. The psychotherapist need not work toward ideals of maturity, since the maturing process—like the birth process—largely takes care of itself. The analyst only tries to remove the obstacles, the shackles, the waste products that might hamper development.' This statement is perhaps a Freudian commonplace, but it meets an objection to analysis very frequently advanced by religious people and supported by the didactic emphasis in Jungian therapeutic procedures.

Dr. Weigert then states that 'Psychoanalysis is a branch of medicine and psychiatry' and reminds her hearers that a scientific understanding of the dynamic of neuroses has done much to offset the current moral devaluation of neurotics.

The moral evaluation of neurotic behaviour and attitudes is a subject on which there is no unanimity of opinion in medicine, theology, or law. The meaning of responsibility is the question at issue. Is a man responsible for his dreams, for his involuntary behaviour, for his obsessions and compulsions, for his neurotic character? In the case of delusional psychotics a negative answer to such questions is easily given.

The middle section of Dr. Weigert's lecture expounds the Freudian view of human development and its complications in clear and popular style. Dr. Weigert is a protagonist of the birth trauma, which she regards as the prototype of later reactions to shock. She emphasizes the positive function of anxiety in small doses. 'Anxiety as a danger signal is beneficial, since it mobilizes reserve energies to surmount and master emergency. There is no child raising without anxiety.' She distinguishes between 'the good conscience' and 'the bad conscience', roughly Alexander's distinction between the superego and the ego-ideal, and notes the devastating effects of early losses of confidence in life or in many important aspects of it.

She wisely observes that 'on any level of human development the blocked resources of trust may spontaneously open up again. This is an experience totally beyond human efforts of the intellect or of the will; it is an experience which the religious person humbly accepts as the grace of God. Neither the psycho-analyst nor any other human being can produce this redeeming experience, but the analyst may be able to contribute to the removal of impediments of moral and religious self-deceit and hypocrisy. The outgrowth of an intolerant conscience, an intransigent superego.' In other words a distinction should be drawn not only between a good and a bad conscience but also between good, i.e. healthy, and bad, i.e., sick, religion. It is too often forgotten that sick personalities may produce sick religion as automatically and inevitably as they produce sick aggression or sick sexuality. In the schizophrenias and some paranoid cases this is obvious; in neuroses and neurotic characters it is often less obvious but no less true.

Dr. Weigert concludes, 'the regaining of trust, the integration of wholeness, lie ultimately beyond psychotherapeutic endeavour. In the Christian religion, it is experienced as the miracle of redemption.' This is, of course, true, but the integration of some personalities is in fact effected outside any immediate religious context, and it is equally clear that the Christian experience of redemption depends in part on a specific alignment of unconscious forces.

In the discussion, one question elicited an interesting admission: 'Do you believe that the philosophy or theology held by the psychiatrist influences his diagnosis and treatment of a patient?' Dr. Weigert believes that a psychiatrist's personal convictions should not influence his diagnoses but inevitably affect his therapy. 'Treatment is to a certain degree an art; and if you asked whether an artist's philosophy and theological convictions appear in his creations of art, I think the answer is yes.' This statement is probably much truer and more inevitable than is commonly recognized, but the moral of the analogy only underlines the necessity of a trained watchfulness over the counter-transference. Happily, suggestion and suggestibility have a very limited psychotherapeutic effect.

Dr. Loewald's lecture has the title 'Psycho-analysis and Modern Views on Human Existence and Religious Experience.' In Dr. Loewald's experience patients either 'profess a pronounced disinterest in, perhaps even contempt of, religious beliefs and religious feelings' and assume a similar attitude in their analyst or 'have more or less strong positive feelings and convictions in regard to religion' but hesitate to disclose them on the assumption that their analyst would be unable to share their sentiments or would disapprove of them. Both groups exhibit 'a defensive attitude toward their childhood religion.' This is no doubt generally true of analysts who are laymen. My experi-

ence as a priest has been that patients who practise religion are not reticent about it, but the transference in its initial phase is of the 'good father' type. Strong ambivalence however sets in when the superego is challenged and the hatred of the 'bad father' as rival, traitor, and hypocrite, especially in sexual issues, becomes clearly apparent. It seems improbable that patients ever acquire a lasting interest in religion through analysis, but they sometimes recapture earlier religious experience in modified form and with changed attitudes. In the case of ethnic prejudice, notably in Jews who have internalized against themselves the discriminations of Gentile society, release is frequently achieved, and this sometimes leads to a readjustment of attitude toward the religion of their fathers.

Dr. Loewald, more than Dr. Weigert, emphasizes the connexion between religious experience and the compensatory infantile assertion of the omnipotence of thoughts, fantasies, and wishes, Freud's *Allmacht der Gedanken*. But on the whole Dr. Loewald is sceptical of the possibility of a psychological understanding of religion. 'I do not believe that there is, or could be now, a psycho-analytic understanding of Christianity. I think there do exist some elements, but only some, for a psycho-analytic theory of religious practises or religious experiences.' This scepticism springs from a broader reserve about the psycho-analytic understanding of ego functions which he regards as 'still in the beginning stages so that the higher functions of the ego have not really been thoroughly or even superficially investigated. I would say that anything like creative art or philosophical thought or religion, or Christianity in particular, represents such high ego-functions that psycho-analysis has yet little if anything it can say about them.' This is an extreme and to some extent a misleading statement. Undoubtedly, at present at least, a complete understanding of religion involves more than discovering the connexions between repressed unconscious mechanisms and their conscious facade. Furthermore, Christianity as a historic phenomenon is not only culturally but psychologically complex, and a psycho-analytic understanding of it requires the analysis of many different kinds of religious experience with some common associations. Primitive religion, however, or popular Christianity for that matter, does not present many mystifying examples of the higher functions of the ego. The unconscious motivation is for the most part transparent. Even in areas where speculative thought and the individualized reactions of civilized and highly educated men come into play, obsessional and compulsive elements are discernible, and the mechanisms of ego-defence are readily perceived. The inner cohesion of the group perhaps presents the most difficult and least thoroughly investigated problems, but Freud has pointed the way in his *Group Psychology and*

the Analysis of the Ego. There appears to be a need not only for the careful collation of more religious cases but also for a more thorough and critical study of history by psycho-analysts. The keys have been forged; the door must be found and unlocked.

The lectures by the two clergymen are of less interest. They insist in different ways that an adequate notion of personal adjustment can only be formed in terms of the Christian ideal and that indoctrination is a needed complement to analysis. Psycho-analysts will be convinced neither of the truth of the former nor of the desirability of the latter.

Robert P. Casey.

The Psychology of Alfred Adler and the Development of the Child. By Madelaine Ganz, Ph.D. With a Preface by Pierre Bovet. (London: Routledge and Kegan Paul, 1953. Pp. 203. 21s.)

This book is a translation of a treatise written in 1935 following a period of study in Vienna. It describes the work of the experimental school of Adlerian pedagogy, and gives a clear presentation of Adler's psychology and its application in kindergarten and elementary school. It helps the reader to understand why Adler failed to make an impact on psychiatry, but found followers among teachers and social workers. Some of the group experiments carried out under Adler's aegis can be regarded as forerunners of group therapy.

E. Stengel.

Social Psychology and Individual Values. By D. W. Harding. (London: Hutchinson's University Library, 1953. Pp. 184. 8s. 6d.)

This book is of considerable interest to the psychoanalyst because it looks at the relationship of the individual to society in a way unfamiliar to him. The author finds it difficult to harmonize the view that social responsiveness grows out of early response to parental care with the fact that both gregarious and less sociable animals go through an early period of maternal care. He regards sociability as a natural disposition of the human species. He believes that there is in most human beings a spontaneous liking for friendly social companionship. The author rejects the psycho-analytic concept of aggression and prefers to speak of pugnacity. On this and a few other occasions it becomes clear that if the individual is viewed in his relation to society, some important aspects which reveal themselves in the relationship to other individuals only are bound to be overlooked. The social psychologist ought to be aware of this limitation, just as much as the psycho-analyst of his, where problems of social behaviour are concerned.

In discussing social development of early life the author refers to Piaget's studies, which form a link between psychology and sociology. The most

important factor contributing to moral behaviour is the desire to avoid inner tension. The author presents interesting material concerning the importance of social subgroups to the individual and to the community as a whole. On them the richness of a culture largely depends. Some causes of social deprivation are discussed. There are interesting chapters on the role of competition, on social status, and on leadership. The notion of normality is viewed in the context of value judgement. To regard behaviour as abnormal means, according to Professor Harding, to deny its social relevance. To be judged abnormal may be an advantage for the genius and the innovator because it may accord them the benefits of social insulation. The author accepts Ernest Jones' concept of the normal mind, with some qualifications. He gives a good deal of space to the relationship of the innovator to society. He regards the combination of a craving for acceptance by the group with combative antagonism to its standards as characteristic of the innovator, and illustrates this thesis by sketches from the life-histories of Manet, Cézanne, and George Fox.

The book makes interesting and enjoyable reading.
E. Stengel.

Übungsheft für das Autogene Training (Konzentrativer Selbstentspannung). (Exercise Book for Autogenic Training (Concentrative Self-relaxation).) By J. H. Schultz. (Stuttgart: Georg Thieme Verlag, 1952. Pp. 28. DM. 3.0.)

This is a useful appendix to the author's book dealing with this method and already reviewed in this *Journal* (Vol. 32, 1951, p. 256). It presents the technique of relaxation practised by the author in clear and simple language.

E. Stengel.

Appraising Personality. The Use of Psychological Tests in the Practice of Medicine. By Molly Harrower, Ph.D. (London: Routledge, and Kegan Paul, 1953. Pp. 197. 18s.)

In this short and well-written book Molly Harrower describes the ways in which the clinical psychologist can apply his skills to help the physician in his work. It is presented in the form of a dialogue between Physician Jones and Psychologist Smith, in which the latter expounds, in simple language, the ways in which psychological tests (such as the Rorschach, Wechsler-Bellevue, and Szondi tests) can be given and interpreted. Case material is given, and the visual illustrations are good.

This work is probably an excellent exposition for someone who, like Physician Jones, knows nothing whatsoever about the work of the clinical psychologist. It would also be of value to the undergraduate, but those who have some experience of clinical testing may perhaps feel that the subject has been viewed through rose-tinted spectacles. Certainly the claims

implied in this exposition, for such tests as Szondi's, have little basis in fact. The description of the psychologist's tests as a 'mental x-ray' is partly reality, but mostly wish-fulfilment.

A great deal of stress is laid on the 'projective techniques', and it may surprise the psycho-analyst that the term 'projection' includes all 'apperception' as well. Any organization of unorganized stimulus material into a meaningful percept is 'projection'.

Nevertheless, the book will be of interest to those analysts who would like to know what the clinical psychologist claims to be able to do.

Joseph Sandler.

Developmental Psychology. By Elizabeth B. Hurlock, Ph.D. (New York, Toronto, London: McGraw-Hill, 1953. Pp. ix + 556. \$6.00 or 48s.)

This is a textbook for senior university courses in psychology. It is a masterly, though highly selective, account of human development from birth to death synthesized from the 'proven facts' that have emerged from experimental research. 'Only the meat of experimental studies and graphs is used.' References to the findings of psycho-analysis are few and far between in text and bibliography, but not adverse; thus, in describing childhood as the foundation period of life, the author writes, 'The poorly adjusted adult, Freud pointed out many years ago, is the product of unfavorable childhood experiences.'

M. Brierley.

The Origins of Intelligence in Children. By Jean Piaget. Translated by M. Cook. (New York: International Universities Press, 1953. Pp. 419. \$6.00.)

The Child's Conception of Number. Jean Piaget. Translated by C. Gattegno and F. M. Hodgson. (London: Routledge and Kegan Paul, 1952. Pp. 248. 25s.)

One of the most interesting aspects of the contemporary psychological scene has been the resurgence of interest in the work of Piaget. This has coincided with a shift of attention to the psychology of the ego, especially in those features of it not primarily concerned with conflict. Among psychoanalysts, apart from the small group in Western Switzerland styling themselves genetic analysts, the Piagetian ego system has had a lukewarm reception. This may be a reaction to Piaget's increasing intellectualism and lack of interest in the more emotional aspects of development.

Succumbing to the Piagetian weakness for stratification, it is possible to discern three periods in his psychological evolution, not isolated, but in meaningful continuity with one another. During the early period he set about describing the ego-centric stage of development, contained mainly within the years 4 to 8. His method was then cross-sectional, which in itself may have predisposed

him to look for stages. In the middle period, he made a truly genetic longitudinal study of the sensori-motor stage, his 'sample' consisting of his three children. In the last few years his main concern has been with the concrete and formal stages in intellectual development and their expression in terms of the new symbolic logic. He has continued to classify in stages, and this, at times, becomes a Procrustean process.

The first of these books forms part of a trilogy devoted to the beginnings of intelligence in the infant. Its two companion volumes deal with the construction of the child's primitive reality and with his first steps in the use of symbolism. The trilogy is surely destined to become one of the great sources of genetic data. Its aim, according to the author, is not to supply an inventory of behaviour patterns for the first year of life. That has been done by many others. It is to see the same phenomena within a framework of basic unifying concepts. Incidentally, the 183 serial observations on Lucienne, Jacqueline, and Laurent reveal a genius for significant observation comparable to that of any of the great 'baby biographers' from Tiedemann to Stern.

The concepts frequently do not derive from Piaget himself. Elsewhere I have referred to him as a 'creative borrower'. He borrows from many, but never without making generous acknowledgement, and never without transforming the borrowed concepts into something larger and more illuminating. In the present book one can see how skilfully he has woven them into the fabric of the System.

From J. M. Baldwin, an almost forgotten American psychologist, he has extracted and resuscitated the concepts of 'circular reaction' and assimilation. From Maine de Biran comes the doctrine of activity (the reciprocal relationship between subject and environment) which is extended ('without adding anything' remarks Piaget modestly) in the theory of adaptation. And from Claparède, his predecessor in the Chair at Geneva, he borrowed and modified the sequence of stages in intellectual development. The 'schema', which is the corner-stone of the whole System, has a family resemblance to the Gestalt; the schema is the Gestalt made dynamic and given a history.

The book shows clearly how much the Piagetian System, like psycho-analysis, is deeply rooted in a biological soil. The organism adapts itself to the external environment through the twin processes of assimilation and accommodation. (These are processes, not 'forces', he insists.) This dynamism is goal-directed towards an ideal through a system of values. The organism is also adopted to its internal environment, and this leads to structuration through the organization of hereditary and acquired 'schemata'. As the organism matures, 'these unique bundles collected by the mind' become increasingly elaborate and mobile, mani-

festing a system of relationships within the totality of the static organization of the mind.

Implicit in this theory of adaptation lies Piaget's vision of a functional continuity from the simplest reflex activity of the baby, through various structural transformations, to the most abstract and complicated modes of thought. His controversy with Wallon centres on the latter's insistence that thinking begins *de novo* round about the age of four, and that there is no continuity between sensorimotor intelligence and conceptual intelligence. Having a similar genetic theory linking adult emotional reactions to the earliest preverbal affective experiences of infancy, the psycho-analysts' sympathy must lie with Piaget.

Starting then with an organic biological need, there rises organic assimilation (sucking, grasping, looking). The infant proceeds immediately to the level of psychological assimilation, e.g. sucking for the sake of sucking. In the next phase, by means of generalizing assimilations, nipple sucking spreads to the thumb, and further to object sucking. Throughout this period the environment is pressing more and more on to the senses of the baby and requiring him to accommodate to it. His movements, however, are centred on themselves, and are reproduced (primary circular reactions) because the act is an advantageous one. (Here Piaget shows his acceptance of the pleasure and reality principles.) By means of recognitory assimilation the infant next becomes aware of sensorial images, each fresh image being assimilated into a pre-existing schema at once or after a process of differentiation. This is followed by a co-ordination of intersensorial assimilations leading to further accommodation to reality, reproduction of movement with an end in view (secondary circular reaction), and to the beginning of exteriorization and solidification of the object. The world without starts to take shape. All activities become increasingly intentional, and after a further period of co-ordination and experimentation (tertiary circular reaction) the stage of invention is reached, at which time all unsophisticated parents may suddenly feel that they have an infant prodigy in the house. The baby is thoughtfully inventing new means to gain his desired (but by no means always desirable) ends.

The rest of the book is mildly polemical. Piaget discusses and dismisses several major theories of intellectual development. He finally returns to his own theory of assimilation and accommodation with its implication of an active creative interchange between organism and environment. The sceptical mind may wonder how far the facts are trimmed to the theory or to the author's passion for orderly thinking. (At one point, he confesses slyly that he is 'sacrificing precision to a taste for symmetry'.) The statistical mind may remain unconvinced by his sample of three, and question how representative it could be. But no 'baby biographer' has

ever worried about the size of his sample, and psycho-analysts would be among the last to criticize this. Piaget has a comment for such generalizing assimilations. On the matter of Charlotte Bühler's statistical reply to Valentine on the smiling response, he remarks that 'an acute observer surpasses all statistics' (presumably with an eye on himself and his critics).

This is an essential book for the child psychiatrist and psychologist. In later editions an index would be invaluable.

It is difficult to discuss the book on Number critically without assuming some knowledge of Piaget's theory of logical groupings. These 'operational' structures (the word 'operation' also belongs to Piagetian theory and has no-kinship with the school of operationism) are the logical equivalent to the mathematician's 'groups', and are used in the psychological analysis of developmental events. In such a grouping, propositions are organized in complex reversible clusters allowing for operations that are identical, inverse, etc.

In terms of operational theory, Piaget sets himself the problem of tracing the genetic transformation from pre-operational to operational systems of assimilating intelligence. Apart from Piaget, there have been quite a few interesting studies of the development of informal number concepts, and there has been general agreement that there is a hierarchy of difficulty in their acquisition—number discrimination, number matching, and finally group matching, in that order. Non-verbal concepts of quantity develop first, then verbal non-numerical, and then verbal numerical or digital. Piaget adds little to the data, but a great deal to the interpretation, although he claims, in his preface, that the data lead to his conclusions almost without interpretation.

The hypothesis, which is duly substantiated, expects number construction and logical development to be concomitant processes, with the anticipation of a pre-numerical period corresponding to the pre-logical period, and that organization of number is closely connected with the elaboration of inclusion systems and symmetrical relations. In fact, his data drive him to conclude that the two operations (the logical and the numerical) constitute a single system, thus resolving the controversy as to whether number was synthetic and irreducible or reducible to the notion of classes. In the pre-operational phase, thinking is pre-logical and pre-numerical; in the transitional semi-operational phase there is qualitative correspondence; and finally, in the operational phase, there is quantitative correspondence, and thinking gradually becomes reversible and analytic.

To secure his data, he still employs his 'clinical method' which has done him such good and abundant service for almost three decades. In

these 'free' conversations, after the initial directing question, the investigator, like the good therapist, follows in the wake of the child's spontaneous replies. The child therapist found it necessary to add manipulation of play material to the verbal interchange, and in recent years Piaget has also used 'concrete manipulation' to supplement the interrogation.

This difficult book is not for the general reader. The genetic psychologist, however, will find in it a convincing addition to the already complex picture of the Piagetian child's discovery of the universe.

E. J. Anthony.

Social Science and Psychotherapy for Children. By Otto Pollak and Collaborators. (New York: Russell Sage Foundation, 1952. Pp. 242. \$4.00.)

It is very doubtful whether a book with this orientation could have been written in Britain at the present time. It was inevitable, however, that in America, that land of perpetual trial and error, novel explorations of this type would be made.

In 1948, the Russell Sage Foundation announced its decision to devote its resources to the cultivation of closer and more effective relationships between researching and practising groups in the social field. This volume relates the history over two years of one such relationship. It describes the results of collaboration between a 'social science consultant' (an expert as yet non-existent here) and the psycho-analytically-oriented child guidance institution of the Jewish Board of Guardians in New York.

The social scientist brought into the clinic with him nine specific social science concepts—the family of orientation (a larger family than the psychoanalyst is used to dealing with), social interaction, socialization, cultural relativity and culture conflict (here, the problem of the Jew in unorthodox surroundings), roles and status, youth culture, and the

reinforcement in stimulus-response learning. The governing formula was contained in a synthesis of the situational and psycho-analytic approaches. The good intention was to broaden the scope of therapy and define the limitations set by the environment. The emphasis was on width rather than depth, and on current experience rather than on transference. The therapist was to be made aware of a larger world outside. 'Psychic' reality was not enough. What was also needed was 'real' reality, the living environment of the child. In addition certain 'ancillary egos' (in Moreno's terminology) were employed to play specified 'big brother' and 'big sister' roles (not belonging to Orwellian fantasy) as further 'reality measures'. The needs of disturbed children were here equated with those of psychotics.

The psychiatrist, who sums up, makes guarded and (to my mind) reasonable claims for the total approach. Having witnessed on the continent several methods of supplementary feeding of the psycho-analytic child, I opened this book in a fairly resistant state of mind. It came as a surprise that the collaboration could have worked out so well, and that quite a measure of agreement was reached between the 'outside' and the 'inside' parties. The psycho-analytic member affirms that intra- and extra-psychic processes should not be regarded in terms of mutual exclusion, and that the unconscious should not be uncovered in a vacuum, but with due regard for the external circumstances. The application of the nine concepts is not altogether so convincing, and there is a tendency to restructure the case material, in a somewhat facile way, in terms of the general conceptual framework.

The book makes an excellent introductory textbook for child guidance practice, when it is not pleading its cause, but it is hardly likely to effect changes in the daily practice of child analysis—in this country, at the present time.

E. J. Anthony.

OBITUARY

CLARENCE P. OBERNDORF

As this issue goes to press the news reaches us of the death of Dr. C. P. Oberndorf, a member of the editorial committee of the Journal since its early days. Though it was known that Dr. Oberndorf had been ailing, his frequent letters to London did not suggest that his life was in any imminent danger.

Dr. Oberndorf put much of his energy into the task of bridge-building between American

and European Psycho-Analysis, and always gave an example of understanding and good will, especially during the vacuum caused by the Second World War. The advantage of having kept in active contact with psychiatry he had always used to strengthen its links with Psycho-Analysis. We shall publish an appreciation of his personality and work at an early date.

W. H.

NEWS, NOTES AND COMMENTS

Dr. Margaret W. Gerard

The death of Margaret W. Gerard on January 12, 1954, was a great loss to the psychiatric profession and to her colleagues at the Chicago Institute for Psychoanalysis. The Institute staff has established the Margaret Gerard Memorial Fund to be used for research and training in the psycho-analysis of children. Friends and associates of Margaret Gerard who may wish to contribute to this Fund should send their gifts to the Institute, 664 N. Michigan Avenue, Chicago 11, Illinois.

The 19th International Psycho-Analytical Congress

The 19th International Psycho-Analytical Congress will take place in Geneva, Switzerland, from Sunday, 24 July to Thursday, 28 July, 1955.

The Programme Committee, under the chairmanship of Dr. Phyllis Greenacre (211 Central Park West, New York 24, N.Y.) and Dr. Ernst Kris (135 Central Park West, New York 23, N.Y.), request that all papers be submitted not later than 20 February, 1955.

Memorial to Sigmund Freud

On the anniversary of the birth of Sigmund Freud, 6 May, 1954, in the presence of about 200 guests who included the two Deputy Mayors of the City of Vienna, the Rector of the University, and the Dean of the Faculty of Medicine, a memorial plaque was unveiled on the outer wall of 19 Berggasse, Vienna.

During the 6th Annual Meeting of the World Federation for Mental Health, at Vienna, in August 1953, a number of people who visited this house discovered that it was not marked in any way, and spontaneously made the suggestion that the whole group should subscribe towards the cost of a commemorative tablet. The Austrian Society for Mental Hygiene contributed the balance of the funds and made all the arrangements for the erection of the plaque. The inscription on it reads:

"In diesem Haus lebte und wirkte Sigmund Freud, in den Jahren 1891-1938, der Schöpfer und Begründer der Psychoanalyse. Gestiftet von der 6. Jahresversammlung der World Federation for Mental Health im August, 1953."

Professor H. C. Rümke, of Utrecht, President of the World Federation for Mental Health, attended the ceremony and gave the first address, followed by Professor Hans Hoff, Professor of Psychiatry in Vienna and Chairman of the Austrian Society for Mental Hygiene.

On the evening before the unveiling, Dr. Winterstein, President of the Austrian Psycho-Analytical Association, at a special meeting, read a paper on the relation between Freud and Goethe.

The Fourth Freud Anniversary Lecture of the New York Psychoanalytic Institute and Society was delivered by Anna Freud in the lecture theatre of the New York Academy of Medicine on Wednesday, 5 May, 1954. Dr. Heinz Hartmann, President of the International Psycho-Analytical Association and of the New York Psychoanalytic Society, introduced the speaker.

Il Bollettino della Società Psicoanalitica Italiana has just been published in *Annali di Neuropsichiatria e Psicoanalisi*, Vol. I, No. 1 (Editrice Villa Russo, Milano, Napoli).

Change of Address

(1) Central Office of The American Psychoanalytic Association: 36 West 44th Street, New York 36, N.Y.

(2) Dr. Phyllis Greenacre: 211 Central Park West, New York 24, N.Y.

(3) Prof. Dr. med. Heinrich Meng: Basel, Lerchenstrasse 92.

(4) Dr. Marjorie Brierley: Rowling End, Newlands, Keswick, Cumberland.

University of Basel, Switzerland. Professor Dr. med. Heinrich Meng, who for many years has been lecturing on psycho-analysis and related subjects to the students of the medical and philosophical faculties, will retire from his lectureship at the end of the summer term.

Dr. Meng will in future fully engage himself in the practice and training of psycho-analysis.

Dr. Oskar Pfister—80th Birthday

Dr. Oskar Pfister, one of Sigmund Freud's earliest and enthusiastic followers and collaborators in Switzerland, recently celebrated his 80th birthday. Dr. Pfister has been widely known on the European Continent and more recently in America through his books, especially those dealing with the subject of religion and psycho-analysis. Until 1939 Dr. Pfister held the post of minister of the Reformed Church in Zürich, Switzerland. At the occasion of his 80th birthday, the *Neue Zürcher Zeitung* wrote:

"The nature of his achievement is such that

future generations will probably appreciate it more than his contemporaries.'

The Editorial Committee would like to extend to Dr. Oskar Pfister their best wishes and greetings at the occasion of his 80th birthday.

International Congress for Psychotherapy

As announced previously, this Congress was held in Zürich, Switzerland, from 20 to 24 July, 1954.

Chicago Council of Child Psychiatry

A group of twenty-four of the child psychiatrists of the Chicago area has formed the Chicago Council of Child Psychiatry. The purpose of the organization is to further the exchange of information and ideas in the field of Child Psychiatry and those fields pertaining to the promotion of the Mental Health of Children. The Council will seek to encourage support and development of those community resources and services contributing to these aspects of Child Welfare. Officers elected for 1953-54 are: Dr. George J. Mohr, president; Dr. Eugene I. Falstein, vice-president (and president-elect); Dr. George L. Perkins, secretary-treasurer. Other persons on the executive committee for the same period are: Dr. Irene Josselyn, Dr. Sophie Schroeder Sloman, and Dr. Harry Segenreich.

Deutsche Psychoanalytische Vereinigung

The prospectus of lectures and seminars for the autumn term 1954 is now available and can be obtained from Berliner Psychoanalytisches Institut, Berlin-Schmargendorf, Sulzaerstrasse 3, Germany.

Philosophy and Psycho-Analysis

A conference on the relations between Philosophy and Psycho-Analysis was held on 8 to 11 January, 1954, at St. Catherine's, Cumberland Lodge, The Great Park, Windsor. (Principal: Sir Walter Moberly, G.B.E., K.C.B., D.S.O., D.Litt.) Professor C. A. Mace was Chairman; Philosophy was represented by Professor John Wisdom (Cambridge), Mr. Stephen Toulmin and Mr. Brian Farrell (Oxford), Mr. A. G. Newton Flew (Aberdeen), Mr. W. A. Sinclair (Edinburgh), Mr. Alasdair MacIntyre (Manchester), and Mr. R. S. Peters (London); Psycho-Analysis by Mr. R. Money-Kyrle, Miss Cecily de Monchaux, and Dr. John Klauber (Members of the British Psycho-Analytical Society).

Felix Deutsch, M.D.—70th Birthday

This month—August 1954—Dr. Felix Deutsch reached the age of 70, a landmark which his many friends would not like to be passed unnoticed. At the beginning of his career as a psycho-analyst Dr. Felix Deutsch made himself known through his

pioneering studies on the psychogenesis of organic disease. Lecturing at the medical Faculty of the University of Vienna he exerted an inspiring influence on his students and on his contemporaries. In the early thirties he changed his residence and moved to Boston, Mass., where just recently he relinquished the office of President of the Boston Psychoanalytic Society. It is the Editor's pleasure to extend to Dr. Felix Deutsch his sincere and warm wishes which no doubt will be shared by all those who have known him either personally or through his numerous writings.

Topeka Institute of Psychoanalysis

For 1955 the following officers were elected on 11 June, 1954: Director: Otto Fleischmann, Ph.D.; Secretary: Rudolf Eckstein, Ph.D.; Treasurer: Karl A. Menninger, M.D. As officers of the Topeka Psychoanalytic Society the following were elected on 26 June, 1954: President: Lewis L. Robbins, M.D.; Vice-President: Rudolf Eckstein, Ph.D.; Secretary-Treasurer: Michalina Fabian, M.D.

The Chicago Psychoanalytic Society

At the annual business meeting, held on 15 June, 1954, the following officers were elected: President: Lucia E. Tower, M.D.; Vice-President: Louis B. Shapiro, M.D.; Secretary: Gerhard Piers, M.D.; Treasurer: Heinz Kohut, M.D.

Societe Psychanalytique de Paris (Institut de Psychanalyse)

Dr. Henri Sauguet, the Administrative Secretary of the Institut de Psychanalyse in Paris announces the inauguration of two important service agencies in Paris: (1) the Institut de Psychanalyse (Institute of Psychoanalysis), 187, rue Saint Jacques, Paris 5e. Executive Committee: Director: Dr. Sacha Nacht; Scientific Secretaries: Dr. Serge Lebovici and Dr. Maurice Benassy; Administrative Secretary: Dr. Henry Sauguet. (2) CENTRE DE CONSULTATIONS ET DE TRAITEMENTS PSYCHANALYTIQUES (Psycho-analytical Consultation and Therapy Centre) at the same address: Director: Dr. Sacha Nacht; Chief of Service: Dr. Michael Cénac; Assistant Chief: Dr. René Diatkine.

THE INSTITUT DE PSYCHANALYSE, Paris, was officially opened on 1 June, 1954, under the presidency of Monsieur André Marie, Minister of National Education, and of Monsieur Paul Coste-Floret, Minister of Public Health and Population.

Situated in the Quartier Latin, the heart of the liberal and University traditions of Paris, the Institut consists of a training centre in the theory and practice of psycho-analysis—the only centre of its kind in France which has been accredited by the International Psycho-Analytical Association; attached to the centre is a Clinic for Psycho-Analytic Therapy.

Monsieur Emile Roche, President of the 'Conseil Economique', was unable to attend the ceremony and sent a representative.

Among the great number of representatives of interested bodies present, were Professor Piedelievre, President of the National Council of the Order of Physicians; the representative of Monsieur Sarrailh, Rector of the University of Paris; many professors of the School of Medicine and the Arts Schools; doctors from Paris hospitals, among them many psychiatrists, and eminent representatives of the Bench and of the Civil Service.

Dr. Mâle, the President of the Société Psychanalytique de Paris, outlined in his speech the aims and functions of the new institut and was followed by Dr. Nacht, the Director of the Institut de Psychanalyse, Dr. Cénac, who is in charge of the Clinic, Mme. Marie Bonaparte, Vice-President of the International Psycho-Analytical Association and finally by Dr. Ernest Jones, Honorary President of the International Psycho-Analytical Association and Honorary Member of the British Psycho-Analytical Society. In his address the Minister of National Education spoke of the role the new Institut will have to play in the general development of higher education in Paris and in France.

The 17th Conference of Psycho-Analysts of Latin Languages

The 17th Conference of Psycho-Analysts of Latin Languages, organized by the Société Psychanalytique de Paris, will take place on 11, 12 and 13 November, 1954, at the Centre Psychiatrique

Sainte-Anne, 1, rue Cabanis, Paris XIVème, under the Presidency of Dr. Pierre Mâle. Programme: (1) 'On the Principle of Security' by Fernand Lechat of Bruxelles. (2) 'Indications and Counter-indications of Psycho-Analysis' by S. Nacht and S. Lebovici of Paris. (3) 'Importance of the Role of Motility in Object-Relationship' by P. Marty and M. Fain of Paris.

These reports will be published and sent to Members before the Conference.

Requests for admission should be addressed to the Secrétaire de la Conférence: Dr. René Held, 99, Avenue Raymond Poincaré, Paris XVIème.

The fee is 3.000 francs (1.500 francs for pupils of the Institute, associated members and non-analyst members).

A detailed programme will be sent together with the reports to members who have subscribed.

The last date for subscriptions is 1 October, 1954. After this date some of the privileges of members cannot be guaranteed.

ERRATA

Vol. 35, 1954, page 68, column 2, line 3: instead of 21s. read: 12s. (being the price of *Chronos, Eros Thanatos* by Marie Bonaparte); and line 7, instead of 'Some Biophysical Aspects of Sadomasochism' read: 'Some Biopsychical Aspects of Sadomasochism'.

Vol. 35, 1954, page 89, column 2, line 5: instead of Freud's story of the aphasia read: Freud's study of the aphasia.

107TH BULLETIN OF THE INTERNATIONAL PSYCHO-ANALYTICAL ASSOCIATION

EDITED BY

RUTH S. EISSLER, M.D., GENERAL SECRETARY

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REPORTS FROM THE COMPONENT SOCIETIES

AMERICAN PSYCHOANALYTIC ASSOCIATION

36 West 44 Street, New York 36, N.Y.

I. The *Officers* of the American Psychoanalytic Association, 1951-1953: Robert P. Knight, M.D. (*President*), Ives Hendrick, M.D. (*President-Elect*), LeRoy M. A. Maeder, M.D. (*Secretary*), and William G. Barrett, M.D. (*Treasurer*), were succeeded on 3 May, 1953, by the following *current officers*: Ives Hendrick, M.D. (*President*), Maxwell Gitelson, M.D. (*President-Elect*), Richard L. Frank, M.D. (*Secretary*), Robert T. Morse, M.D. (*Treasurer*).

II. The *Members* of the Executive Council, as of 3 May, 1953, and currently, are: Ex-Officio Voting: Ives Hendrick, M.D. (*President*), Maxwell Gitelson, M.D. (*President-Elect*), Richard L. Frank, M.D. (*Secretary*), Robert T. Morse, M.D. (*Treasurer*), LeRoy M. A. Maeder, M.D. (*Ex-Secretary*). Ex-Officio Non-Voting: William C. Menninger, M.D., M. Ralph Kaufman, M.D., Robert P. Knight, M.D. Elected Councillors at Large: Leo H.

Bartemeier, M.D., Grete L. Bibring, M.D., Robert Waelder, Ph.D., Emanuel Windholz, M.D.

III. In December, 1951, 14 new members were elected to active membership in the American Psychoanalytic Association and 50 new members were elected during 1952. During June, 1951, to April, 1953, 11 members died. Dr. Raymond de Saussure resigned in view of his moving to Geneva, Switzerland.

IV. The Western New England Psychoanalytic Society was accepted as an Affiliate Society of the American Psychoanalytic Association as of 11 March, 1952, upon the application of 15 Active Members of the American Psychoanalytic Association, who were also Charter Members of the Society.

V. The American Psychoanalytic Association was incorporated under the laws of the State of New York as of 28 November, 1951.

VI. *The Journal of the American Psychoanalytic Association*, including the *Bulletin of the American*

Psychoanalytic Association, was established on a quarterly basis by actions at the 1951 Annual Meeting of the Association: Volume I, Number 1, appeared in January, 1953.

VII. The Annual Meeting of the American Psychoanalytic Association took place in Los Angeles, California, from 30 April to 3 May, 1953. The scientific programme follows:

Friday, 1 May

Section I. Scientific Papers with Discussion. William C. Menninger, M.D. (Topeka), Chairman. Rene A. Spitz, M.D. (New York): 'Aggression: Its Role in the Establishment of Object Relations.' Samuel J. Sperling, M.D. (Los Angeles): 'On Denial and the General Characteristic of Defence.' Leo Rangell, M.D. (Los Angeles): 'Some Remarks on the Psychic Significance of the Snout or Perioral Region.' John R. Reid, Ph.D. (San Francisco): 'The Problem of Values in Psychoanalysis.'

Section II. Training and Therapeutic Analysis. A Round Table. Lucia E. Tower, M.D. (Chicago), Moderator. Introduction: Martin Grotjahn, M.D. (Los Angeles). Participants: Grete L. Bibring, M.D. (Cambridge, Mass.), Joan Fleming, M.D. (Chicago), Maxwell Gitelson, M.D. (Chicago), Maurits Katan, M.D. (Cleveland).

Saturday, 2 May

Section I. Scientific Papers with Discussion. LeRoy M. A. Maeder, M.D. (Philadelphia), Chairman. William G. Barrett, M.D. (San Francisco): 'Mark Twain's Osteopathic Cure.' James Clark Moloney, M.D. (Birmingham, Mich.): 'Psychic Self-Abandon and the Extortion of Confessions.' Judd Marmor, M.D. (Los Angeles): 'Orality in the Hysterical Personality.'

Donald A. Macfarlane, M.D. (Berkeley, Calif.), Chairman. Melitta Sperling, M.D. (New York): 'Psychosis and Psychosomatic Illness.' C. V. Ramana (Los Angeles): 'Preliminary Notes on Transference in Borderline Neurosis.' Eugene G. Goforth, M.D. (Seattle): 'Psychoanalysis of Pavor Nocturnus in an Adult.' Don D. Jackson, M.D. (Palo Alto, Calif.): 'An Episode of Sleepwalking (Brief Communication).'

Section II. Psychoanalysis and Dynamic Psychotherapy—Similarities and Differences. A Round Table. Mary O'Neil Hawkins, M.D. (New York), Moderator. Introduction: Edward Bibring, M.D. (Cambridge, Mass.) and Frieda Fromm-Reichmann, M.D. (Rockville, Md.). Participants: Franz Alexander, M.D. (Chicago), Bernard Bandler, M.D. (Boston), Martin Grotjahn, M.D. (Los Angeles), Leo Rangell, M.D. (Los Angeles), Leo Stone, M.D. (New York), Emanuel Windholz, M.D. (San Francisco).

Section III. Homeostasis and Ego Function. A Round Table. Roy R. Grinker, M.D. (Chicago),

Moderator. Introduction: Karl A. Menninger, M.D. (Topeka). Participants: David Brunswick, Ph.D. (Los Angeles), Ives Hendrick, M.D. (Boston), Norman A. Levy, M.D. (Los Angeles), Ivan A. McGuire, M.D. (Los Angeles), Eugene Pumpian-Mindlin, M.D. (Los Angeles), Norman Reider, M.D. (San Francisco), Rene A. Spitz, M.D. (New York), Carel Van der Heide, M.D. (Los Angeles).

Sunday, 3 May

Ives Hendrick, M.D. (Boston), Chairman. Phyllis Greenacre, M.D. (New York): 'Fetishism in Relation to the Problems of the Body Image.' Robert P. Knight, M.D. (Stockbridge, Mass.), Chairman. Ralph R. Greenson, M.D. (Los Angeles): 'The Use of Forepleasure for Defensive Purposes.' K. R. Eissler, M.D. (New York): 'Notes on Defects of Ego Structure in Schizophrenia.' Maurits Katan, M.D. (Cleveland): 'The Traumatic Neurosis, Manic-Depressive Disorders and the Pleasure-Pain Principle.'

Monday, 4 May (American Psychiatric Association. Section on Psychoanalysis).

Clinical Aspects of the Development of Ego Psychology. Helen V. McLean, M.D. (Chicago), Chairman. Sol Wiener Ginsburg, M.D. (New York): 'Meaning and Nature of Work: A Contribution to Ego Psychology.' Roy R. Grinker, M.D. (Chicago): 'Effect of Somatic Processes on the Clinical Aspects of Ego Function.' Irene M. Josselyn, M.D. (Chicago): 'The Ego in Adolescence.' Discussants: Grete L. Bibring, M.D. (Cambridge, Mass.), Robert P. Knight, M.D. (Stockbridge, Mass.).

Future Meetings: The 1953 Midwinter Meeting will be held at the Roosevelt Hotel, New York City, New York, 3-6 December. The 1954 Annual Meeting will be held in St. Louis, Missouri, 29 April-2 May. The 1955 Annual Meeting will be held at the Hotel Claridge, Atlantic City, New Jersey.

VIII. International Psychoanalytic Association. By amendment to the By-Laws and formal Resolutions accomplished in 1953: (1) the status of the American Psychoanalytic Association as a component society of the International Psychoanalytic Association is confirmed; (2) each member of the American Psychoanalytic Association is, and is deemed to be, a member of the International Psychoanalytic Association; (3) the officers of the American Psychoanalytic Association are empowered to act as agents of the International Psychoanalytic Association in the collection of the annual dues of Two Dollars (\$2.00) in 1953 and 1954 from each Active Member of the American Psychoanalytic Association; and (4) each Active Member of the American Psychoanalytic Association is entitled, by virtue of his annual dues to the American, in 1953 and 1954, to subscriptions

to the *International Journal of Psycho-Analysis*, paid by the American.

LeRoy M. A. Maeder, M.D.,
Secretary.

Report on Activities of the Board on Professional Standards (from August, 1951, to June, 1953)

The Board on Professional Standards of the American Psychoanalytic Association continued under the chairmanship of Dr. Ives Hendrick until 1 May, 1953, when Dr. Maxwell Gitelson, who will be chairman until the Annual Meeting in 1955, succeeded Dr. Hendrick.

A number of new committees have been appointed. Dr. Sara Bennett is the chairman of the Committee to Study Standards in Child Analysis. This committee has made extensive investigations of existing standards for training in child analysis. A final report has not yet been made. The Committee on Training Standards, formerly under the chairmanship of Dr. M. Ralph Kaufman and at present Dr. Richard Frank, is reviewing the minimum standards and preparing a final report. It is also studying qualifications and appointment procedures for training and supervising analysts. Dr. Robert Cohen has been chairman of a committee which has negotiated a contract with the United States Navy for the training of Naval officers in psychoanalysis at accredited psychoanalytic institutions. A similar contract is being negotiated with the United States Public Health Service. The Committee on Ethical Standards, under the chairmanship of Dr. Bernard Bandler, has been attempting to develop a code of ethics for the membership of the American Psychoanalytic Association. In December, 1951, a resolution was passed which was adopted as the first article of the Code of Ethics at the Annual Meeting in May, 1953, as follows:

'Since training in therapeutic psychoanalysis is the function of the accredited institutions of the American Psychoanalytic Association and not of the training analyst, or any other analyst as an individual, it is unethical for any member of the American Psychoanalytic Association to train or to supervise any individual for the practice of therapeutic psychoanalysis except under the direct auspices of a recognized training institution of this Association. This principle should not be construed as interfering with the freedom of conducting therapeutic analysis; this principle should not be construed as interfering with the freedom of teaching the application of psychoanalysis to dynamic psychiatry and to other fields.'

A Committee on Accredited Institutes has been established with Dr. M. Ralph Kaufman as chairman, to supervise and assist accredited institutions with their training problems.

A conference on Problems of Psychoanalytic

Training was held 7 May, 1952, under the leadership of Dr. Emanuel Windholz and Dr. Abram Kardiner. Representative training analysts were sent to this conference from each of the accredited institutes.

A number of new training facilities have been given provisional recognition for a three-year period. During this period they are under survey by the Committee on New Training Facilities, formerly under the chairmanship of Dr. Therese Benedek and, since May, 1953, of Dr. Norman Reider. The survey is for the purpose of insuring the establishment and maintenance of minimum training standards and to help with training problems as they arise. Four new institutes and one new training center have received such provisional recognition since May, 1951: the Psychoanalytic Institute of the State University Medical Center at New York City, the Washington Psychoanalytic Institute, the Baltimore Psychoanalytic Institute, and the Western New England Psychoanalytic Institute. A Training Center has been established at Seattle, Washington, under the sponsorship of the San Francisco Psychoanalytic Institute.

The following new regulations governing training have been passed by the Board:

(1) In May of 1951 the Board passed a resolution that a minimum of four hours a week, an optimum of five, should be required for the student's own analysis and for the student's cases in control.

(2) In December, 1952, principles governing the movement of training analysts from one geographic area to another were adopted in order to (a) prevent 'mushrooming' of training units with complete circumvention of the Board on Professional Standards; (b) to prevent the individual training analyst from conducting training independent of a recognized unit; (c) to regulate the relationship between training institutions and the training-supervisory analyst. Under this regulation any change of residence, change of appointment and/or new appointment to the status of training analyst shall be reported to the Board on Professional Standards and shall be accompanied by a detailed description of the functioning of the relationship existing between the training analyst and the appointing institution. The Board reserves the right of final approval for the appointment of training analysts outside of the area in which the institute conferring the appointment is located.

(3) In December of 1952 a resolution was passed that after the Mid-winter meeting in 1953 an individual shall become eligible for application to membership two years after he is certified as a graduate by an accredited institute.

Joan Fleming, M.D.,
Secretary, Board on Professional Standards.

ARGENTINE PSYCHOANALYTIC ASSOCIATION

(Asociacion Psicoanalitica Argentina)

Juncal 655, Buenos Aires, Argentine

Officers; President; Dr. Angel Garma. *Secretary;* Dr. Arminda A. de Pichon Rivière. *Treasurer;* Dr. Luisa G. de Alvarez de Toledo. *Publishing Director;* Dr. Arnaldo Rascovsky. *Director of Institute;* Dr. Enrique Pichon Rivière.

Training Committee; Dr. Angel Garma (*Director*), Dr. Marie Langer, Dr. Heinrich Racker.

Training Analysts; Dr. Celes Ernesto Cárcamo, Dr. Angel Garma, Dr. Marie Langer, Dr. Enrique Pichon Rivière, Dr. Heinrich Racker, Dr. Arnaldo Rascovsky, Dr. Luis Rascovsky.

Candidates in Training; 35 conducting analyses under supervision; 13 in preparatory analysis.

Programme of Courses;

First Year; Mrs. Matilde W. de Rascovsky: Seminar on Freud's work (two terms). Dr. Luisa G. de Alvarez de Toledo: The Unconscious and its Ways of Expression (one term). Dr. Alberto Tallaferro: Theory of the Instincts (one term). Dr. Luis Rascovsky: The Psychic Instances and the Defence Mechanisms (one term). Dr. Marie Langer: Introduction to Technique (one term). Dr. Julio Tahier: Child Medicine (6 seminars). Dr. Arminda A. de Pichon Rivière: Child Development (one term). Dr. Luisa G. de Alvarez de Toledo: Introduction to Psychoanalysis (one term). Dr. Enrique Pichon Rivière: General Theory of the Neuroses (one term). Dr. Heinrich Racker: Continuous Case Seminar (one term). Dr. Marie Langer: Psychoanalytic Technique (one term).

Child Analysis; Dr. Emilio Rodriqué: Case Histories of Children (one term). Dr. Arminda A. de Pichon Rivière: Theory of the Technique (one term).

Second Year; Dr. Angel Garma: Continuous Case Seminar (two terms). Dr. Arnaldo Rascovsky: Totem and Taboo and Other Anthropological Writings (one term). Dr. Enrique Pichon Rivière: Theory of the Neuroses (one term). Teodoro Schlossberg: Freud's Case Histories (one term). Dr. Heinrich Racker: Dreams: Theory and Interpretation (one term). Dr. Arminda A. de Pichon Rivière: Seminar on Freud's Work (two terms). Dr. Enrique Pichon Rivière: Special Theory of the Neuroses and Psychoses (one term). Dr. Teodoro Schlossberg: Case Histories (4 seminars). Dr. David Liberman: Psychopathology of the Family Life (5 seminars). Dr. Celes Ernesto Cárcamo: Continuous Case Seminar (one term). Dr. Luis Rascovsky: Seminar on Free Subjects (one term).

Child Analysis; Dr. Arminda A. de Pichon Rivière: Theory of the Technique (one term). Dr. Emilio Rodriqué: Continuous Case Seminar (one term).

Papers read in the Argentine Psychoanalytic Association:

Mr. Willy Baranger: 'Study of the Relation between Character and Destiny Symptoms and the Conduct of Internalized Objects.'

Dr. Nora R. de Bisi: 'Psychoanalysis of a Neurotic Depression and some Psychosomatic Manifestations.'

Dr. Fidias Cesio: 'Psychoanalytic Study of a Case of Hypochondriac Depression through its Treatment by Electroshock and Psychotherapy.'

Dr. Aniceto Figueras: 'Psychoanalysis of the Hypochondriac Mechanisms in a Case of Perforated Peptic Ulcer.'

Mrs. Elisabeth G. de Garma: 'The Internal World in a Case of Amnesia and Vomiting.'

Dr. José Luis Gonzalez Chagoyan: 'Concealing Memory, Symptom and Transference.'

Dr. José Lemmert: 'Clinical Value of Interpretations in Terms of Identifications.'

Dr. David Liberman: 'Fragment of the Analysis of a Paranoid Psychosis.'

Dr. David Liberman: 'Depressive Position, Transference and Counter-transference in Psychotics.'

Dr. Jorge E. Nöllmann: 'Psychoanalytic Considerations Regarding the Case of a Schizophrenic Patient with Hypochondriac-paranoid Mechanisms.'

Dr. Walderedo Ismael de Oliveira: 'Psychoanalysis of a Defloration Phobia.'

Dr. Danilo Perestrello: 'Headache and Primal Scene.'

Dr. Danilo Perestrello: 'Object Loss and Reparation in the Poetry of Augusto dos Anjos.'

Dr. Arminda A. de Pichon Rivière: 'Transference in Child Analysis.'

Dr. Heinrich Racker: 'Notes on the Theory of Transference.'

Dr. Heinrich Racker: 'The Significance of Counter-transference.'

Dr. Ruth Castañeda de Ramirez: 'A Negative Therapeutic Reaction.'

Dr. Luis Rascovsky: 'Psychodynamics in a Case of Female Homosexuality.'

Dr. Emilio Rodriqué: 'Psychoanalysis of a Schizophrenic Boy.'

Mrs. Marcelle Spira: 'Some Aspects of the Analysis of an Epileptic Boy.'

Other Activities; Dr. Alberto Tallaferro held a six-months course on 'Introduction to Psychoanalysis for the Understanding of Psychosomatic Subjects' for Physicians and Medical Students at the Argentine Psychoanalytic Association.

Lectures Delivered at the Argentine Medical Association in Buenos Aires; Dr. Fidias Cesio: 'Dynamics in the Treatment of a Psychosis.'

Dr. Leon Grinberg: 'The Traumatic Situation as an Etiology common to Dream and Symptom.'

Dr. David Liberman: 'The Symbolic Significance of the Sun in a Paranoid Psychosis.'

Dr. Enrique Pichon Rivière: 'Disturbances of Sleep in Epileptic Children.'

Dr. Alberto Tallaferro lectured on 'Psychosomatic Medicine' at the Ateneo de Neurocirugía of Buenos Aires.

Professor Dr. E. Eduardo Klapf held a free course on Clinical Psychiatry at the University of Medicine of Buenos Aires.

Arminda A. de Pichon Riviere,
Secretary.

BELGIAN PSYCHO-ANALYTICAL ASSOCIATION

(Association des Psychoanalystes de Belgique)

118 rue Froissart, Brussels, Belgium

Officers; President; M. Maurice Dugautiez.
Vice-President; M. Fernand Lechat. Secretary-Treasurer; Mme. Fernand Lechat.

The Association consists of 9 active members, 17 candidate members, of whom 2 are about to become titular members, 5 in control analysis, and 21 undergoing training analysis.

During the years 1951 to 1953 seminars, held every two weeks, were mainly devoted to the study of transference and counter-transference. In addition, analytic literature was discussed. The works of Freud, Fenichel, Lacan, Lagache and Nacht were studied. Several lectures by foreign analysts were successfully organized.

Publication of the *Bulletin of the Belgian Psycho-Analytical Association* has provided an opportunity for an exchange of viewpoints and has reflected the activities of the group. The *Bulletin* has so far been distributed gratis.

F. Lechat,
Secretary.

BRAZILIAN PSYCHOANALYTIC SOCIETY

(Sociedade Brasileira de Psicanálise)

Rua Arango, 165-Apto 50, Sao Paulo, Brazil

Officers; President; Dr. Darcy M. Uchoa.
Secretary; Dr. Theon Spanudis. Treasurer; Dr. Virginia Bicudo.

Report for the Year 1951-52

During the year 1951-52 the Society held thirteen scientific and five business meetings. The following papers were read:

Mrs. Lygia Amaral: 'A Case of Depression and Agoraphobia; Kleinian Technique Demonstrated in a Case of Anxiety during the First Sessions of Analysis.'

Miss Virginia Bicudo: 'The Attitude of School Children in respect of Racial Prejudices.'

Mrs. Margaret Gill: 'A Case of Anxiety Hysteria.'

Dr. Gertrud Hoellwarth: 'The Problem of Interpretation in the Initial Phase of Analysis.'

Dr. Adelheid Koch: 'Differences in Technique during the Initial Phase of Analysis in Cases of Neuroses and Acute Anxiety.'

Dr. Durval Marcondes: 'Problems of Masculinity and Femininity; Modification of the Concept of Interpretation in Psychoanalysis.'

Dr. Darcy Uchoa: 'The Analyst's Attitude towards his Patients in the Social Environment; Resume and Discussion of Rosen's Papers about Treatment of Schizophrenics.'

When in September, 1952, the Research Center 'Franco da Rocha' (founded by the medical staff of the State Hospital 'Juqueri') celebrated its tenth anniversary, three members of our Society and Dr. Werner Kemper from Rio de Janeiro were invited to give lectures on psychoanalysis. The following lectures were given:

Dr. Werner Kemper: 'The Position of Psychoanalysis in Relation to Other Sciences'; 'The Importance of Early Infantile Traumas for Later Development.'

Dr. Adelheid Koch: 'Modern Views of the Psychology of Women.'

Dr. Theon Spanudis: 'Theory of Instincts'; 'Theory of Sexual Development'; 'Theory of Ego Development.'

Dr. Darcy Uchoa: 'The Problem of Transference'; 'Some Aspects of the Analysis of Schizophrenics.'

During the last two years 2 members were elected to full membership and 2 members were elected as associate members.

Training Activities

A Training Committee was founded whose members are: Miss Virginia Bicudo, Dr. Durval Marcondes, Dr. Adelheid Koch, Dr. Theon Spanudis, Dr. Darcy Uchoa.

There were 13 candidates in analysis, 1 candidate who interrupted his analysis and 1 candidate died.

Lectures and Seminars given during the last two years:

Miss V. Bicudo: Lecture and discussion of Glover's book *Psycho-Analysis*.

Dr. A. Koch: 'Metapsychology'; 'General Theory of Neuroses'; 'Theory of Hysteria, Anxiety-Hysteria and Obsessional Neurosis'; 'Freud's Clinical Papers on Transference-Neuroses.'

Dr. Theon Spanudis: Discussion of Freud's *Outline of Psycho-Analysis*; 'On Technique.'

Dr. D. Uchoa: 'Psychoanalysis of Psychoses'; 'On Narcissism'; 'Freud's Clinical Papers on Psychoses.'

Dr. A. Koch: Weekly Case Seminars.

The Training Committee elaborated the following rules for training:

(1) The training of students is organized and controlled by the Training Committee and is limited to those approved by the Committee.

(2) Those eligible are doctors of medicine or students of medicine or those who have another

equivalent university degree. Lay persons without a University degree or its equivalent are not accepted as candidates. Students who are more than 40 years of age are only accepted under exceptional circumstances.

(3) The candidates should present a curriculum vitae and should be interviewed by at least two members of the Training Committee.

(4) The first six to twelve months of training are considered as a probationary period. If during this period the candidate is not rejected, a later rejection is not probable. Nevertheless, the Committee can end the training at any time in case it decides that the respective candidate cannot be accepted as an analyst.

(5) The training lasts more or less four years. The training analysis, which is a part of the training, requires at least five sessions a week, each session of fifty minutes, and should last at least two and a half years.

The Committee allows each student to choose the analyst he prefers for his own analysis and the Committee will make every effort to meet his desire.

(6) The student can begin with the study of theory twelve to twenty-four months after the beginning of his training analysis. Members of the Society cannot attend the theoretical lectures or seminars except in special cases decided by the Committee.

(7) At the end of the first year of theoretical study, that is, when his own analysis has already lasted two years, the student can begin the analysis of his first patient. The patient will have five sessions a week and the student will discuss the case weekly with his supervising analyst, who should preferably be his own training analyst. The treatment of the second patient should begin later and should be supervised by another training analyst.

(8) Students who have completed the theoretical course and have worked for some time with patients can be recommended for election as associate members.

(9) To be elected an effective member of the Society, the student should fulfil the following conditions:

- he must have practised analysis for at least two years;
- at a meeting of the Society he must present a thesis based on his practical work;
- he has to prove his theoretical and bibliographical knowledge by means of a discussion with members of the Committee;
- medical students should have completed at least six months of work in a mental hospital;
- lay students should acquire analogous experience as psychologists, anthropologists or in some other adequate manner.

Lay analysts are elected associate or effective members on the condition of treating only patients sent by a doctor.

Dr. Adelheid Koch,
Secretary.

BRITISH PSYCHO-ANALYTICAL SOCIETY

REPORTS 1951-52

Honorary President; Ernest Jones, M.D.,
F.R.C.P.(London), D.P.H.

Officers for 1951-52; President; William H. Gillespie, M.D.(Edinburgh), D.Psych., M.R.C.P.(London). *Training Secretary;* Donald W. Winnicott, M.A.(Cantab.), F.R.C.P.(London). *Scientific and Business Secretary;* Michael Balint, M.D., Ph.D., M.Sc., L.R.C.P., L.R.C.S., L.R.F.P.S. *Director of the London Clinic of Psycho-Analysis;* W. Clifford M. Scott, M.D., B.Sc.(Med.)(Tor.). *Editor of the L.M.S.S.A., D.P.M., L.C.P.S.(Ont.).* *Editor of the International Journal of Psycho-Analysis;* Will Hoffer, M.D., Ph.D., L.R.C.P., L.R.C.S., L.R.F.P.S. John Bowlby, M.A., M.D.; Margaret Little, M.R.C.S., L.R.C.P.; Roger E Money-Kyrle, M.A., Ph.D., Sylvia Payne (Mrs.), C.B.E., M.B., B.S. (London).

From the Chairman's Report

I begin with material matters, not as the most important, but because they have inevitably occupied a major part of the time and attention of the Board and Council.

Mansfield House. The decision to invest the greater part of our capital in a new and adequate building had already been taken long before the present year started; but the actual move into Mansfield House did not take place until the end of October, 1951. There is very general agreement that as a worthy meeting place and headquarters for the Society and Institute, Mansfield House leaves little to be desired. As a Clinic it has proved to have a serious defect, namely imperfect sound-proofing of the treatment rooms. We had laid great emphasis on our requirements in this respect when discussing necessary alterations with the architects, and they promised that the new partitions being put up would be adequately sound-proof for clinical purposes. Absolute sound-proofing would have been prohibitively expensive and was not considered necessary. It now appears that the walls which are insufficiently sound-proof are not the new ones but, surprisingly, the original walls of the house. This matter is still under discussion with the architects.

Scientific Meetings. An outstanding event of the year which was greatly appreciated by everyone was the address given us by our Honorary President, Dr. Ernest Jones. A very large gathering listened with intense interest to Dr. Jones's reminiscences of the first International Congress.

Our regular Scientific Meetings have been well attended, and here too the new setting has brought much improvement, and overcrowding and asphyxia are things of the past.

Visitors. This year we were happy to welcome Dr. Jules Masserman of Chicago and Dr. Angel Garma from Buenos Aires as guest speakers. We have also welcomed guests from the following foreign Societies: Argentine, Indian, Sao Paulo and Sweden.

New Members and Associates. Our Society continues to grow in numbers. This year we have welcomed fourteen new Associate Members, including one from the Melbourne Institute, one from Canada and one transferred from the Swiss Society and at present in Australia. Six new full members have been elected. Our total membership has increased in number by 40 per cent. over the last five years.

Commonwealth Institutes and Study Groups

Australia. As Members are aware, there are now two Institutes in Australia. The Melbourne Institute has been flourishing since October, 1940. That at Sydney is more recent, having been incorporated in June, 1951. Its constitution is very closely modelled on our own. The Council has proposed to the Australian Institutes that they should jointly be recognized as a Study Group affiliated to our Society until such time as their development has proceeded to the point at which they may become Branch Societies.

Canada. A new Study Group has been formed in Canada, to be known as the Canadian Society of Psycho-Analysts. The Members of this group consist of Dr. Theo Chentrier (*President*), an Associate Member of the French Psycho-Analytical Society since 1934; Dr. A. W. MacLeod (*Secretary*), Associate Member of our Society; Drs. Eric Wittkower and Miguel Prados, also Associate Members of our Society; and Dr. George Zavitzianos, an Associate Member of the French Society since 1950. The group has unanimously elected Dr. Richard Sterba as an Honorary Member. These colleagues wish to be affiliated to our Society and they have asked us to recognize them as a Study Group. In view of this wish and after full consideration the Council recommends such recognition to the Society.

International Congress. As you all know, the International Association at Amsterdam accepted our invitation to hold the 1953 Congress in England. It has been decided that the meeting place will be Bedford College, Regent's Park, London. The necessary accommodation has been secured, and the other arrangements are in progress.

Obituary. The beginning of the year on which I am reporting was overshadowed by the loss of Dr. John Rickman, so recently our President. His

sudden and unexpected death occurred on 1 July, 1951.

The death of Mrs. Martha Freud removed one more of the links with the founder of psycho-analysis, and we pay tribute to the memory of one to whom our science, in an indirect way, must owe so very much.

The Journal. Dr. Marjorie Brierley has been appointed Assistant Editor in succession to the late Dr. John Rickman.

Freud Memorial Edition. The *ad hoc* Committee has continued its work. The necessary American copyright has been obtained and the contract has been signed with the Hogarth Press. Mr. Strachey's work on the translation continues. Four books have been retranslated; one of these is *The Interpretation of Dreams* which will appear in two volumes in the final edition.

Publications. During the last year the following books of the International Psycho-Analytical Library have been reprinted:

Sigmund Freud: *Moses and Monotheism.*

Ernest Jones: *Essays in Applied Psycho-Analysis*—
2 Volumes

and the following new books have been added:

Sigmund Freud: *On Dreams.*

Ernest Jones: *Essays in Applied Psycho-Analysis*—
Vol. II. W. H. Gillespie.

From the Report of the Training Committee

Meetings and Attendances. The outgoing Committee held one meeting between July and October, 1951.

The Training Committee will have held 13 ordinary meetings by the end of the year.

A meeting of Training Analysts and students was held in June, 1952.

Financial Assistance to Students. Three students have been in receipt of training grants this year and the total assistance amounts to about £230.

Applicants. Fifty enquirers have been interviewed during the year, and of these 30 put in a formal application for a training. Of the 30 applying 18 have been accepted for training, and of these acceptances 13 have started training analysis.

Students in Training. On 30 June, 1951, there were 58 students in training. Of these 10 have finished their training during the year: Miss I. Bennett, Dr. A. Davidson, Dr. R. Dorn, Dr. T. Freeman, Dr. S. T. Hayward, Dr. M. Joffe, Dr. M. Mackenzie, Dr. E. Rodrigue, Dr. J. L. Rowley, Dr. A. H. Williams.

The number of students in training on 30 June, 1952, was 56. Seven students resigned during the year, 3 of whom resigned before starting training.

The 40 students attending lectures and seminars were distributed as follows at the end of June: First year 10, second year 19, third year 11.

There are 14 students of child analysis of whom 12 are Associate Members and 2 are students. During the year Dr. Rodrigue was qualified as a child analyst.

The following 30 analysts were carrying out training and supervision: Balint, Burlingham, Evans, Flugel, Foulkes, Freud (Miss), Gillespie, Gomperts, Heimann, Hellman, Hoffer (Dr.), Hoffer (Mrs.), Klein, Lantos, Little, Milner, Money-Kyrle, Payne, Pratt, Ries, Riviere, Rosenfeld (Mrs.), Rosenfeld, Schwarz, Scott, Segal, Stephen, Thorner, Winnicott, Wride.

List of Lectures and Seminars Delivered during the Year

Autumn Term, 1951: Dr. Hoffer: 8 Lectures on 'The Principles of Psycho-Analysis', 1st year. Dr. Foulkes: 5 Seminars, 1st year. Mrs. Milner: 5 Seminars, 1st year. Dr. Lantos: 8 Lectures on Clinical Psycho-Analysis, 'Neuroses', 2nd year. Dr. Balint: 4 Seminars, Course A, 2nd year. Dr. Heimann: 4 Seminars, Course A, 2nd year. Miss Freud: 4 Seminars, Course B, 2nd year. Mrs. Hoffer: 4 Seminars, Course B, 2nd year. Dr. Balint, Dr. Payne, Dr. Scott: 8 Lectures on 'Later Developments in Theory', 3rd year. Mrs. Klein, Mrs. Riviere: 6 Combined Seminars, 3rd year. Dr. Thorner: 5 Seminars, Course A, 3rd year. Dr. Lantos: 5 Seminars, Course B, 3rd year.

Spring Term, 1952: Dr. Hoffer: 8 Lectures on 'The Principles of Psycho-Analysis', 1st year. Miss Evans: 8 Seminars, 1st year. Dr. Lantos: 8 Seminars, 1st year. Dr. Balint: 4 Lectures on Clinical Psycho-Analysis, 'Hysteria and Allied Conditions', 2nd year. Dr. Rosenfeld: 4 Lectures on Clinical Psycho-Analysis, 'Introduction to More Recent Developments', 2nd year. Dr. Balint: 4 Seminars, Course A, 2nd year. Dr. Heimann: 4 Seminars, Course A, 2nd year. Miss Freud: 4 Seminars, Course B, 2nd year. Mrs. Hoffer: 4 Seminars, Course B, 2nd year. Mrs. Klein: 8 Lectures on 'Child Analysis', Course A, 3rd year. Miss Hellman: 8 Lectures on 'Child Analysis', Course B, 3rd year. Mrs. Rosenfeld, Dr. Winnicott: 6 Combined Seminars, 3rd year. Dr. Scott: 5 Seminars, Course A, 3rd year. Dr. Foulkes: 5 Seminars, Course B, 3rd year.

Summer Term, 1952: Dr. Hoffer: 8 Lectures on 'The Principles of Psycho-Analysis', 1st year. Mrs. Hoffer: 6 Seminars, 1st year. Mr. Money-Kyrle: 6 Seminars, 1st year. Dr. Rosenfeld: 8 Lectures on Clinical Psycho-Analysis, 'Psychoses', 2nd year. Dr. Balint: 4 Seminars, Course A, 2nd year. Dr. Heimann: 4 Seminars, Course A, 2nd year. Miss Freud: 4 Seminars, Course B, 2nd year. Mrs. Hoffer: 4 Seminars, Course B, 2nd year. Dr. Segal: 8 Lectures on 'Later Developments in Theory', 3rd year. Dr. Foulkes, Dr. Hoffer: 6 Combined Seminars, 3rd year. Mrs. Klein:

6 Seminars, Course A, 3rd year. Dr. Lantos: 6 Seminars, Course B, 3rd year.
D. W. Winnicott.

From the Scientific Secretary's Report

In the academic year 1951-52 the Society held eighteen scientific meetings.

The average attendance at each meeting was 75 and the average number of speakers in a discussion was 11.

List of Scientific Meetings

3 October, 1951. Dr. C. Anderson: 'Notes on Nature of Mood Swings.'

17 October, 1951. Dr. E. M. Rodrigue: 'Notes on Menstruation.' Dr. H. Segal: 'Note on a Necrophilic Phantasy.'

25 October, 1951. Dr. J. H. Masserman: 'Psycho-analysis and Biodynamics.'

7 November, 1951. Dr. S. M. Payne, Dr. W. R. Bion, Dr. T. F. Main, Dr. J. D. Sutherland, Dr. A. T. M. Wilson: Symposium on Dr. John Rickman's paper 'Reflections on the Function and Organization of a Psycho-Analytical Society.'

21 November, 1951. Dr. E. Jones: 'Memories of the First International Psycho-Analytical Congress.'

5 December, 1951. Dr. H. Abraham: 'Twin Relationship and Womb Phantasies in a Case of Anxiety Hysteria.'

16 January, 1952. Dr. P. Heimann: 'A Contribution to the Re-evaluation of the Oedipus Complex.'

30 January, 1952. Dr. M. Balint: 'Love and Hate.'

6 February, 1952. Dr. A. Garma: 'The Mother Imago as Harmful Food in Peptic Ulcer Patients.'

20 February, 1952. Dr. A. Davidson, Dr. S. Lindsay, Dr. E. Rodrigue: 'Reactions of Patients to the New Institute.'

5 March, 1952. Dr. J. Bowlby, Mr. J. Robertson: 'The Emotional Experiences of a Child Going to Hospital' preceded by an extract of the film 'A Child Goes to Hospital.'

19 March, 1952. Miss I. Hellman: 'A Case of Migraine.'

2 April, 1952. Dr. A. Bonnard: 'Polymorph Symptomatology.'

30 April, 1952. Dr. D. W. Winnicott: 'Vivien, a fatal case of anorexia nervosa: Part II—The Analytic Work.'

7 May, 1952. Dr. J. D. Sutherland: 'Problems of Transference in a Borderline Psychotic.'

21 May, 1952. Dr. B. Lantos: 'Meta-Psychological and Clinical Considerations on the Concept of Work.'

4 June, 1952. Dr. W. C. M. Scott: 'Note on Blathering' and 'A Note on "Being Inside".'

18 June, 1952. Dr. H. Ezriel: 'Notes on Personality Structure Suggested by the Analysis of a Schizophrenic.'

M. Balint.

REPORT; 1952-53

Honorary President; Ernest Jones, M.D., F.R.C.P. (London), D.P.H.

Officers for 1952-53; *President*; William H. Gillespie, M.D.(Edinburgh), D. Psych., M.R.C.P. (London). *Training Secretary*; Donald W. Winnicott, M.A.(Cantab.), F.R.C.P. (London). *Scientific and Business Secretary*; Michael Balint, M.D., Ph.D., M.Sc., L.R.C.P., L.R.C.S., L.R.F.P.S. *Director of the London Clinic of Psycho-Analysis*; W. Clifford M. Scott, M.D.(Tor.), B.Sc.(Med.), L.M.S.S.A., D.P.M., L.C.P.S.(Ont.). *Editor of the International Journal of Psycho-Analysis*; Willi Hoffer, M.D., Ph.D., L.R.C.P., L.R.C.S., L.R.F.P.S. Wilfred R. Bion, D.S.O., B.A.(Oxon.), M.R.C.S., L.R.C.P.; John Bowlby, M.A., M.D.; Ilse Hellman, Ph.D.(Vienna); Roger E. Money-Kyrle, M.A., Ph.D.

From the Chairman's Report

In presenting this, the last of my three annual reports as Chairman and President, I wish to express my deep feeling of gratitude to all those who have worked so willingly and loyally to make the affairs of the Society and Institute run smoothly during the last three years; on my own behalf and on behalf of all our members I wish to thank more especially the officers and members of the Council and of the Training Committee; and I wish to pay a special tribute to the loyal co-operation and devoted work of the office staff, headed by Miss Drescher.

I pass now to the customary brief review of the year's activities.

Scientific Meetings. Attendance has continued to be at a satisfactory level, but we have not yet found it necessary at an ordinary scientific meeting to overflow into the John Rickman Room. The sound amplifying system has proved very useful in making our speakers audible throughout the large room, and in sparing them undue elocutionary effort. Speakers from the floor, however, continue to be shy about the use of the hand-microphones. This seems a pity, since if properly used they can add much to the comfort of the listeners, if not of the speaker.

The Ernest Jones Lecture was given this year by Professor Roger Russell at the Royal Society of Medicine. There was a large and appreciative audience, and after the lecture a reception was held at Mansfield House which was attended by a considerable number of distinguished guests. (The lecture was published in the Supplement 1953 of the *International Journal of Psycho-Analysis*.)

Visitors. Apart from the Ernest Jones Lecturer, we had no guest speaker this year; but we welcomed guests at our scientific meetings from the following foreign societies: American, Australian, Dutch, Indian and Viennese.

New Members and Associate Members. Six new full members have been elected during the year. Our numbers have been increased by the admission of eight new Associate Members on the completion of their training.

Commonwealth Institutes and Study Groups

Melbourne Institute for Psycho-Analysis

Dr. C. L. Gero reports: A technical seminar was conducted by Dr. Gero for advanced candidates. Meetings, 10; attendance, 4.

The papers listed below were read during the year:

Dr. M. Hall: Parts of an analytic session reproduced on tape record.

Dr. H. M. Southwood: (1) Continued report on a case in analysis. (2) Short discussion on problems of premature ejaculation.

Dr. R. Rothfield: Analysis of a hysterical patient.

Dr. F. W. Graham: Experiences with group-therapy.

Dr. C. L. Gero: Activity in analytic technique.

In December, 1952, an Inter-State Conference was organized by the Melbourne Institute. Present: Dr. R. C. Winn, Dr. A. Petö, Dr. M. Hall from Sydney, Dr. H. M. Southwood from Adelaide, Dr. C. L. Gero, Dr. W. F. Graham, Dr. D. Buckle, Dr. A. R. Phillips, Dr. A. Meadows, Dr. R. Rothfield, Dr. H. H. Hoehne. Papers read were: Dr. A. Petö: (1) Monotheism (II and III Chapters of his book in preparation). (2) The Analysis of Two Adult Delinquents. Dr. R. C. Winn: Locomotion and Early Mental Development.

In the frame of this Inter-State Conference on 2 December, 1952, the Australian Society of Psycho-Analysts was founded.

Sydney Institute of Psycho-Analysis

Dr. Petö reports:

The Institute organized a Symposium on the Psychotherapy of Obsessional Neurosis in September, 1952, introduced by three psychiatrists and one psycho-analyst and attended by forty psychiatrists. Papers were read at the Conference of the Australian Society of Psycho-Analysts held in Melbourne from 2-5 December, one by Dr. R. C. Winn and three by Dr. A. Petö. Dr. Petö also read a paper to the British Psychological Society (N.S.W. Branch) on the Psycho-Analytical Approach.

Canadian Society of Psycho-Analysts

This Study Group is at present sponsored by our Society. The status of this Study Group and its future relationship to our Society are under review.

International Congress. The Organizing Committee, under Dr. Balint's chairmanship, has been busy throughout the year, and we hope that their labours will result in a smoothly running Congress, the first to be held in London.

The Journal. Dr. Robert P. Knight, a former President of the American Psychoanalytic Association, has been appointed Assistant Editor.

The Board signed an agreement with the London publishing firm, Wm. Dawson & Sons, Ltd., which will reprint Volumes 1-30 of the *Journal*.

Freud Memorial Committee. Publication "is about to begin of *The Standard Edition (in English) of The Complete Psychological Works of Sigmund Freud* under the general editorship of James Strachey. It is planned to publish several volumes each year until the entire 24 volumes are completed.

W. H. Gillespie.

From the Report of the Training Committee

Meetings and Attendances. The Training Committee will have held 15 ordinary meetings during the year.

A meeting of Training Analysts and students was held in April, 1953.

Financial Assistance to Students. Two students have been in receipt of training grants this year (amounting to £130 approx.) and current loans to students amount to £3,052.

Applicants. Sixty-five enquirers have been interviewed during the year, and of these 44 put in a formal application for a training. Of the 44 applying 24 have been accepted for training, and of these acceptances 10 have started training analysis.

Students in Training. On 30 June, 1952, there were 58 students in training. Of these 10 finished their training during the year: Dr. W. D. Boaz, Mr. N. C. Bradley, Miss C. de Monchaux, Dr. F. H. Edwards, Dr. H. Hardenberg, Dr. J. Klauber, Dr. S. H. Klein, Dr. G. Levinson, Dr. S. F. Lindsay, Mr. J. J. Sandler.

The number of students in training on 30 June 1953, was 60 (15 pre-first, 13 first year, 12 second year, 17 third year and 3 post-third year). Four students resigned during the year, one resigning before starting training. In the case of two, training is in abeyance.

Of the 60 students in training 38 were from Great Britain, 8 from South Africa, 5 from Canada, 4 from United States, 2 from Brazil, 1 from Ceylon, 1 from Cuba, 1 from Persia and 1 was Stateless.

The 42 students attending lectures and seminars were distributed as follows at the end of June: first year, 13; second year, 12; third year, 17.

Post Graduate. There are 19 students of child analysis: 10 started during the year, of whom 8 are Members or Associate Members and 2 are students. During the year Dr. W. D. Boaz, Dr. S. Davidson and Dr. B. Woodhead were qualified as child analysts.

Staff. The following 32 analysts were carrying out training and supervision: Dr. Balint, Dr. Bion,

Mrs. Burlingham, Miss Evans, Dr. Flugel, Dr. Foulkes, Miss Freud, Dr. Gillespie, Mr. Gomperts, Dr. Heimann, Miss Hellman, Dr. Hoffer, Mrs. Hoffer, Mrs. Klein, Dr. Lantos, Dr. Little, Mrs. Milner, Mr. Money-Kyrle, Dr. Payne, Dr. Pratt, Mrs. Riviere, Mrs. Ries, Mrs. Rosenfeld, Dr. Rosenfeld, Mrs. Sandford, Miss Schwartz, Dr. Scott, Dr. Segal, Dr. Stephen, Dr. Thorner, Dr. Winnicott, Dr. Wride.

List of Lectures and Seminars Delivered During the Year

Autumn Term, 1952: Dr. Hoffer: 8 Lectures on 'The Principles of Psycho-Analysis', 1st year. Mrs. Milner: 5 Seminars, Course A, 1st year. Dr. Foulkes: 5 Seminars, Course B, 1st year. Dr. Lantos: 8 Lectures on Clinical Psycho-Analysis, 'Neuroses', 2nd year. Dr. Balint: 4 Seminars, Course A, 2nd year. Dr. Heimann: 4 Seminars, Course A, 2nd year. Miss Freud: 7 Seminars, Course B, 2nd year. Dr. Balint, Dr. Payne, Dr. Scott: 8 Lectures on 'Later Developments in Theory', 3rd year. Mrs. Klein, Mrs. Riviere, Mrs. Rosenfeld: 9 Combined Seminars, 3rd year. Dr. Thorner: 8 Seminars, Course A, 3rd year. Mrs. Hoffer: 8 Seminars, Course B, 3rd year.

Spring Term, 1953: Dr. Hoffer: 8 Lectures on 'The Principles of Psycho-Analysis', 1st year. Miss Evans: 8 Seminars, Course A, 1st year. Dr. Lantos: 8 Seminars, Course B, 1st year. Dr. Balint: 4 Lectures on Clinical Psycho-Analysis, 'Hysteria and Allied Conditions', 2nd year. Dr. Rosenfeld: 4 Lectures on Clinical Psycho-Analysis, 'Introduction to More Recent Developments', 2nd year. Dr. Balint: 4 Seminars, Course A, 2nd year. Dr. Heimann: 4 Seminars, Course A, 2nd year. Miss Freud: 1 Seminar, Course B, 2nd year. Mrs. Hellman: 3 Seminars, Course B, 2nd year. Mrs. Klein: 8 Lectures on 'Child Analysis', Course A, 3rd year. Miss Hellman: 8 Lectures on 'Child Analysis', Course B, 3rd year. Dr. Scott: 8 Seminars, Course A, 3rd year. Mrs. Hoffer: 8 Seminars, Course B, 3rd year.

Summer Term, 1953: Dr. Hoffer: 8 Lectures on 'The Principles of Psycho-Analysis', 1st year. Mr. Money-Kyrle: 6 Seminars, Course A, 1st year. Miss Schwarz: 6 Seminars, Course B, 1st year. Dr. Rosenfeld: 8 Lectures on Clinical Psycho-Analysis, 'Psychoses', 2nd year. Dr. Balint: 4 Seminars, Course A, 2nd year. Dr. Heimann: 4 Seminars, Course A, 2nd year. Miss Freud: 8 Seminars, Course B, 2nd year. Dr. Segal: 8 Lectures on 'Melanie Klein's Contribution to Theory', 3rd year. Dr. Winnicott, Dr. Foulkes, Dr. Hoffer: 9 Combined Seminars, 3rd year. Miss Evans: 4 Seminars, Course A, 3rd year. Dr. Thorner: 4 Seminars, Course A, 3rd year. Mrs. Hoffer: 8 Seminars, Course B, 3rd year.

D. W. Winnicott.

From the Scientific Secretary's Report

In the academic year 1952-53 the Society held 19 scientific meetings, including the Dr. Ernest Jones Lecture, given this year by Professor Roger Russell, Ph.D., the subject being 'Behaviour Under Stress'. Not counting the Dr. Ernest Jones Lecture, we had full-length papers on 17 evenings and 2 short papers on one evening, making a total of 19 speakers. Of these, 5 were Members and 1 an Associate Member; the remaining 13 were read as membership papers. The average attendance was 74, consisting of 28 Members, 26 Associate Members, 17 Students and 3 Guests.

* * *

The Associate Members continued to hold monthly meetings. In October, 1952, Dr. Barbara Woodhead was elected Chairman and Dr. J. L. Rowley, Secretary.

List of Scientific Meetings

- 1 October, 1952. Dr. C. F. Rycroft: 'Some Observations on a Case of Vertigo.'
- 15 October, 1952. Dr. E. Jaques: 'Hatred of Convention.'
- 5 November, 1952. Dr. J. Rowley: 'Rehearsal and Collusion'; Dr. D. W. Winnicott: 'Comment on a Point in Dr. Rycroft's Paper.'
- 19 November, 1952. Dr. J. Bowlby: 'Instinct and Object Relation Theories of Zoologists.'
- 3 December, 1952. Dr. W. C. M. Scott: 'Problems of Treatment under Clinic Auspices.'
- 14 January, 1953. Dr. D. Hunter: 'Object Relation Changes in the Analysis of a Fetishist.'
- 21 January, 1953. Dr. H. Rosenfeld: Discussion on two recently published papers on Schizophrenia: (1) 'Transference Phenomena and Transference Analysis in an Acute Catatonic Schizophrenic Patient', *Int. J. Psycho-Anal.*, (4), 1952; (2) 'Notes on the Psycho-analysis of the Super-ego Conflict of an Acute Schizophrenic Patient', *Int. J. Psycho-Anal.*, (2), 1952.
- 4 February, 1953. Mr. M. M. R. Khan: 'A Homosexual Episode as Defence against Masturbation.'
- 18 February, 1953. Dr. M. Dale: 'The Mechanical Inventions of a Patient.'
- 4 March, 1953. Dr. L. H. Rubinstein: 'A Contribution to the Study of Masochism and Fetishism.'
- 18 March, 1953. Dr. D. W. Winnicott: 'The Management of a Case of Compulsive Thieving': Consideration of the bearing of this case, that was treated without psycho-analysis, on psycho-analytic theory.
- 15 April, 1953. Miss B. Joseph: 'A Patient's Inability to Live Her Own Life.'
- 6 May, 1953. Dr. S. S. Davidson: 'The Recovery of the Lost Background.'
- 13 May, 1953. Mrs. J. Mannheim: 'Notes on a Case of Drug Addiction.'

20 May, 1953. Mr. Frank Phillips: 'Notes on a Female Case Showing Severe Personality Impoverishment.'

10 June, 1953. Mrs. E. Bick: 'Anxiety Underlying Phobia of Sexual Intercourse in a Woman.'

17 June, 1953. Dr. L. Frankl: 'Some Observations on the Effect of Temporary Separation in Early Childhood.'

8 July, 1953. Mr. I. Ramzy: 'On Complementary Neurosis.'

M. Balint.

CHILEAN PSYCHOANALYTIC SOCIETY

Officers; President; Dr. Ignacio Matte. Secretary; Dr. Arturo Prat. Treasurer; Dr. Carlos Whiting.

Report for the Year 1952

During 1952 the following courses were given at our Training Institute:

First Year Course. Dr. Whiting: Introduction to Psychoanalysis. Dr. Ganzarain: Introduction to the Technique. Dr. Prat: Seminar on Dreams. Dr. Matte: Mechanisms of Defence.

Second Year Course. Dr. Ganzarain: Special Theory of Neuroses. Dr. Ganzarain: Technique and Literature on the Subject. Dr. Whiting: Case Seminar.

Third Year Course. Dr. Matte: Problems of Metapsychology. Dr. Prat: Child Analysis. Dr. Ganzarain: Psychoses.

On 15-18 December a South American Congress met in Santiago to commemorate the centenary of our first Psychiatric Hospital. Most of the South American countries were represented and there were also representatives from Europe including Professors Kretschmer and Wendt from Germany, Professor Mario Gozzano from Italy, Professor Ajuriaguerra from France and Professor W. Overholser from U.S.A. It was a highly interesting Congress and the performance of our group, members and student members, was outstanding.

Dr. Arturo Prat,
Secretary.

DUTCH PSYCHO-ANALYTICAL SOCIETY

(*Nederlandse Vereniging voor Psychoanalyse*)

(Secretary; Dr. M. Groen-van Beverwijk, J. W. Brouwersplein 21, Amsterdam)

Officers for the Year 1952-53; Chairman; Dr. P. J. v. d. Leeuw. Secretary; Dr. M. Groen-van Beverwijk. Treasurer; Dr. J. Spanjaard. Mrs. B. C. v. d. Stadt-Baas. Dr. E. Frijling-Schreuder.

The Dutch Psycho-Analytical Society is divided into two sub-groups, the Amsterdam and The Hague groups, both having their own administration and organizing their own lectures and research work. However, a lively contact exists between the groups.

Regarding the scientific research: in co-operation with the institution, ten of our members are studying the indications and possibilities of analytic psychotherapy, whereas two of the members are engaged in psychosomatic research. Work on group therapy for students is being continued.

Two of our members have been nominated as lecturers at the Amsterdam and Groningen Universities.

Scientific Meetings

March, 1952. Dr. J. Bos: 'Symptomatology and Psychotherapy of the Neurosis of the Heart.'

April, 1952. Professor Dr. Rümke: 'Psychoanalysis and Forensic Psychiatry.'

June, 1952. Dr. Hans Lampl: 'The Influence of the Biological and Psychological Factors on the Beginning of the Latency Period.'

October, 1952. Dr. J. van Meurs: 'Casework.'

November, 1952. Dr. Hart de Ruyter: 'Difficulties in Relationships.'

January, 1953. Dr. H. Musaph: 'Psychosomatic Problems and Diseases of the Skin.'

The Training Institute of the Dutch Psycho-Analytical Society

There are 37 candidates in training, attending already the theoretical lectures and the seminars. Another 8 to 10 have started their personal analysis.

The theoretical lectures cover the following themes:

First Year; Introduction to Psycho-analysis; Freud's Theory of Dreams; Freud's Three Essays on the Theory of Sexuality, Hysteria, Obsessional Neurosis.

Second Year; Technique; Perversions; The Oedipus- and Castration-Complex; Character Disturbances; Capita Selecta of Freud's Writings.

Third Year; Indications for Psycho-analytical Treatment; General Theory of Neurosis; Psychotherapy; Interplay of Neuroses of Parents and Children; Freud's Totem and Taboo; Development of Psycho-analysis during the Last Decades; Deviations from Psycho-analysis (Jung, Reik, Horney, Alexander).

There are two practical seminars, one for adult and one for child analysis.

Training Analysts; R. le Coultre, R. Feith, H. Lampl, Jeanne Lampl-de Groot, H. A. van der Sterren, H. G. van der Waals.

Training Committee; R. le Coultre, R. Feith, Jeanne Lampl-de Groot (*Secretary*), P. J. van der Leeuw, H. A. van der Sterren, H. G. van der Waals.

FRENCH PSYCHO-ANALYTICAL SOCIETY (Société Psychanalytique de Paris)

Officers; Hon. President; Princess Marie Bonaparte. *President;* Dr. Georges Parcheminey.

Membre-Assesseur; Dr. Pierre Male. *Secretary;* Dr. Pierre Marty. *Treasurer;* Dr. Maurice Bouvet.

Scientific Sessions of the Paris Psycho-Analytical Society

October, 1951. Dr. Serge Lebovici: 'Le rôle de l'identité dans la formation du moi.'

November, 1951. Dr. J. Dreyfus-Moreau: 'Une enquête sur le suicide.'

December, 1951. Dr. Pierre Male: 'Indications et contre-indications de la psychanalyse.'

January, 1952. Dr. S. Lebovici: 'Indications et contre-indications de la psychanalyse.'

February, 1952. Dr. F. Dolto-Marette: 'Le sexe de l'analyste.'

March, 1952. Dr. Pierre Marty: 'Difficultés narcissiques de l'observateur devant les problèmes psychosomatiques.'

May, 1952. Dr. R. Diatkine: 'Les satisfactions régressives au cours des traitements d'enfants.'

June, 1952. Dr. J. Lacan: 'La psychanalyse, dialectique?'

October, 1952. H.R.H. Prince Peter of Greece: 'Polyandres asiatiques.'

February, 1953. Dr. S. Lebovici: 'A propos de la "Psychanalyse de Groupe".'

March, 1953. Dr. J. Mallet: 'L'évolution de W. Reich ou l'Analyste et l'Instinct de mort.'

Scientific Sessions of the Paris Psycho-Analytical Society, Section on Child Analysis

February, 1951. Dr. R. Diatkine: 'La signification du phantasme en psychanalyse infantile.'

March, 1951. Dr. Dolto-Marette: 'Rapports des psychanalystes d'enfants avec les familles des enfants en traitement.'

June, 1951. Dr. Dolto-Marette: 'Les fantasmes peuvent-ils servir d'instruments psychanalytiques?'

November, 1951. Dr. Marcus Blajan: 'Les diverses méthodes de psychothérapie d'enfants et leur valeur thérapeutique.'

December, 1951. Dr. Juliette Boutonier: 'Suite de l'observation d'une psychothérapie d'enfant pervers.' (The beginning of this case was presented at the reunion meeting of this section.)

February, 1952. Dr. Jacobs: 'Du choix du matériel dans un cas de psychothérapie courte.'

March, 1952. Dr. Roudinesco: 'Carence de soins maternels et effets de la vie en collectivité sur les jeunes enfants.' (Accompanied by a film.)

April, 1952. Mme. Lechat: 'A propos d'un cas revu 10 ans après—la fin du traitement.'

June, 1952. M. Maucò: 'Début d'un traitement psychanalytique par le rêve éveillé chez un adolescent.'

July, 1952. Dr. Rene A. Spitz: 'Classification des désordres psychogènes du nourrisson.'

December, 1952. 'Conséquences de la résolution ou de la non-résolution du complexe d'Oedipe dans les relations interfamiliales.'

Lectures Given by Members of the Paris Society

January, 1952. Marie Bonaparte: 'Des causes psychologiques de l'anti-sémitisme.' (B'nai Brith in Paris.)

May, 1952. Marie Bonaparte: 'Des causes psychologiques de l'anti-sémitisme.' (B'nai Brith in Brussels.)

June, 1952. Dr. S. Nacht: 'La peur.' (Faculty of Medicine, Barcelona.)

September, 1952. Dr. G. Parcheminey: 'Psychologie clinique et Psychanalyse.' (Catholic University, Milan.)

November, 1952. Marie Bonaparte: 'The Relation of Psycho-Analysis to Rationalism in France Today.' (B.B.C.)

January, 1953. Dr. S. Lebovici: 'Le contre-transfert en Psychanalyse d'enfants.' (Belgian Psycho-Analytical Society.)

April, 1953. Dr. G. Parcheminey: 'Réaction d'alarme et psychothérapie.' (International Congress of Catholic Physicians and Psychotherapists, Rome.)

May, 1953. Marie Bonaparte: 'Du rôle de quelques penseurs juifs dans l'évolution humaine.' (Alliance Israélite Universelle.)

First Conference of Psycho-Analysts of Romance Languages

(Fifteenth Conference of French Language Psycho-Analysts)

The first Conference of Psycho-Analysts of Romance Languages was held on 9-10 November, 1952, in the Psychiatric Center of Saint Anne, under the chairmanship of Dr. S. Nacht, who, in his opening address, welcomed the presence of many notable representatives from Belgium, Italy, Spain, Switzerland and expressed regret that difficulties at the last moment had prevented Dr. Loewenstein from attending.

The chairmanship of the scientific meetings was successively held by Dr. Raymond de Saussure (Geneva), Prof. Dr. Perrotti (Rome), Dr. M. F. Lechat (Brussels). The following reports were presented:

I. 'The Theory of Instincts: A Theoretical Report' by Dr. M. Benassy. Discussion: Drs. S. Nacht (Paris), F. Pasche (Paris), Princess Marie Bonaparte (Paris), Prof. Perrotti (Rome), J. R. de Otaola (Barcelona), G. Dubal (Geneva), R. Laforgue (Paris), R. Held (Paris), J. Michel (Rabat), R. de Saussure (Geneva), D. Lagache (Paris), J. Lacan (Paris).

II. 'The Ego in Obsessional Neurosis, Object Relations and Defence Mechanisms: A Clinical Report' by Dr. M. Bouvet. Discussion: Princess Marie Bonaparte (Paris), Prof. Servadio (Rome), R. Held (Paris), S. Lebovici (Paris), F. Dolto (Paris), R. Laforgue (Paris), R. de Saussure (Geneva), J. Lacan (Paris), S. Nacht (Paris).

Both reporters answered each of the participants in the discussion. Dr. Nacht thanked the members of the Congress, emphasizing the high scientific tenor of the reports and their discussion. We also thank Prof. J. Delay for his welcome to the scientific sessions at the Clinic for Mental and Nervous Diseases, and Mr. B. Graulle, Director of the Psychiatric Center of Saint Anne, for his help in organizing the Congress.

During the afternoon of 10 November, the organizers of the Conference gave a tea for the Congress members at the ballroom of the Psychiatric Center of Saint Anne.

Administrative Decisions. The Bureau of the Paris Psycho-Analytical Society and the Secretary of the Conference decided to maintain the name 'Conference des Psychoanalystes de Langues Romance' for our annual meetings but to return to the former numbering of 'Conferences des Psychoanalystes de Langue Française'. The next Conference will therefore be the Sixteenth Conference of Psycho-Analysts of Romance Languages. It will be held in Rome, from 21 September to 24 September, 1953, upon the invitation of the Italian Psycho-Analytical Society. The Conference will be opened and closed by Dr. J. Lacan, President of the Paris Psycho-Analytical Society, and Prof. Perrotti, President of the Italian Psycho-Analytical Society, will preside. Prof. Servadio of Rome and Dr. J. Lacan of Paris have been requested to prepare reports on 'The Role of Pre-oedipal Conflicts' and 'Language in Psycho-analysis' respectively. These reports will be printed and sent to registered members before the Conference. It was furthermore decided that the minutes and scientific discussions of the First Conference of Psycho-Analysts of Romance Languages will appear in full in the *Revue Française de Psychanalyse*.

Dr. Pierre Marty,
Secretary.

Establishment of the Psycho-Analytic Institute

The need for the establishment of a Psycho-Analytic Institute for the training of psychoanalysts has long been evident in France. Therefore, at the suggestion of Dr. Nacht, then President of the Paris Psycho-Analytical Society, the members of this Society have devoted the end of 1952 and the beginning of 1953 to the drafting of statutes of a new association named 'Institut de Psychanalyse' which went into operation on 5 March.

The Paris Psycho-Analytical Society, no longer charged with the functions of training, became a scientific Society.

The Institute of Psycho-Analysis has as its aims the teaching of theory and the practice of psychoanalysis, psycho-analytic research, the organization of a Center for consultations and psycho-analytic treatments.

An Administrative Council consisting of titular

members is to supervise the workings of the Institute, and a Teaching Commission will supervise the selection of candidates for training analysis and for control. The Governing Body, consisting of the Director and two scientific secretaries, constitutes *ipso jure* part of these two bodies. This Governing Body has the responsibility for the execution of the decisions both of the general assembly and of the Administrative Council and the Commission on Teaching. The honorary Presidents of the Psycho-Analytical Society are also *ipso jure* members of the administrative and teaching bodies.

The membership of the governing body is as follows: *Director*; Dr. S. Nacht. *Scientific Secretaries*; Dr. S. Lebovici, Dr. M. Benassy. *Administrative Secretary*; Dr. H. Sauguet.

The membership of the Teaching Commission is as follows: *Director of the Institute*; Dr. S. Nacht. *President of the Paris Psycho-Analytical Society*; Dr. Parcheminey. *Honorary Member*; M. Bonaparte. *Members of the Commission*; Dr. Cenac, Dr. Bouvet, Dr. Schlumberger, Dr. Lauren-Lucas, Championniere, Dr. Lebovici, Dr. Benassy, Dr. Male, Dr. Pasche.

The Administrative Council consists of the Governing Body and the Teaching Commission.

(1) Simultaneously with the drafting of the statutes the teaching programme, consisting of three phases, was established:

Phase A—General theory of psycho-analysis: courses and reading seminars on theory.

Phase B—Clinical psycho-analysis: courses and seminar on theory.

Phase C—Psycho-analytic technique: courses and seminar on theory.

Besides the members of the Teaching Commission and the Governing Body, most of the titular members participate in the teaching.

(2) The control of psycho-analytic treatments under the mandatory supervision of at least one member of the Teaching Commission is effected by groups of six to ten candidates.

(3) Training in clinical, psychiatric, pediatric, and child neuro-psychiatric problems has been provided for and is being organized.

(4) The teaching of optional subjects will be more extensive: for example, child psycho-analysis.

(5) A Centre for psycho-analytic consultation and treatment will open in October, 1953. It will be maintained for persons unable to afford the expense of private psycho-analytic treatment. It will be under the supervision of a director, a department head, and a deputy head. The consulting physicians will perform the screening and assist in the diagnosis. *Department Head*; Dr. Cenac. *Deputy Head*; Dr. Diatkine. *Consulting Physicians*; Drs. Favreau, Luquet, Luquet-Parat, Renard, Mallet, Marty.

The candidates will give treatments and, should there not be a sufficient number of them, the members (titular or associate) of the Institute will complete the treatment on behalf of the Center.

(6) A library is being organized.

The Present Position of the Candidates. Of the students polled there were 76 who had undertaken training analysis.

	Complete phase	Courses on theory only	Seminary only
Phase A	35	1	24
Phase B	21		15
Phase C	20		

Certain candidates have been authorized to participate simultaneously in more than one phase.

Scheduled Courses. Courses will be given either as lectures; as lectures followed by discussion; or as seminars led by the lecturer. The students will receive the preparatory work for the next lecture during the session preceding the beginning of the next phase.

*Phase A*¹; General Theory of Psycho-analysis:

(1) 14 lessons, lectures or seminars (every fortnight): (a) History of Psycho-analysis—Dr. Nacht (1-lesson). (b) Definitions and Psychic Systems—Dr. Lagache (3 lessons). (c) Instincts and Development—Dr. Benassy (3 lessons). (d) The Mechanisms of the Ego—Dr. Benassy (3 lessons). (e) Development of the Child—Dr. Male (2 lessons). (f) The Theory of Dreams—Dr. Schlumberger (2 lessons).

(2) Reading seminars (every fortnight): (a) First term: Freud's works—Dr. Lacan. (b) Second term: Vocabulary and Bibliography of Psycho-analysis—Dr. Pasche.

Phase B; Clinical Psycho-analysis:

(1) 14 lessons, lectures or seminars (every fortnight): (a) Symptom Formation—Dr. Lagache (1 lesson). (b) Anxiety—Dr. Pasche (2 lessons). (c) Hysteria—Dr. Parcheminey (1 lesson). (d) Impotence in Men—Dr. Cenac (1 lesson). (e) Psychosexuality in Women—Marie Bonaparte (1 lesson). (f) Sexual Perversions—Dr. Lacan (1 lesson). (g) Character Neuroses—Dr. Diatkine (1 lesson). (h) Paranoia—Dr. Mallet (1 lesson). (i) Schizophrenia—Dr. Lebovici (1 lesson). (j) Manic-Depressive States—Dr. Lebovici (1 lesson). (k) Phobias—Dr. Lebovici (1 lesson). (l) Obsessional Neurosis—Dr. Bouvet (2 lessons).

(2) Clinical Case Seminar (weekly discussion of cases)—Dr. Bouvet.

Phase C; Psycho-analytic Technique:

(1) 16 courses (every fortnight)—Drs. Nacht and Schlumberger: (a) Course of the Analysis. (b) Analysis of Resistance. (c) Handling of Transference. (d) Analysis of Dreams, etc.

(2) Weekly Seminar on Technique—Dr. Nacht.

¹ Only students sufficiently advanced in their training analyses will be admitted to the first-year courses.

² The texts will be chosen from a list set up by the Teaching Commission.

Optional Subjects:

- (1) Seminar on Psychosomatic Medicine—Dr. Marty.
- (2) Psycho-analysis of Children: (a) Theory—Dr. Lebovici (4 lessons, required); (b) Psychological Structure of the Adolescent—Dr. Berge (1 lesson). (c) Seminar on Technique—Drs. Lebovici and Diatkine (weekly, required).
- (3) Special Lectures: (a) Psycho-analysis and Ethnography—Marie Bonaparte. (b) Psycho-analysis and Criminology—Drs. Cenac, Lebovici, Male, Pasche. (c) Psychology and Psycho-analysis—Mrs. Favez-Boutonier.
- (4) Weekly Reading Seminars—Dr. Lacan.

Clinical Requirements: 1 year of psychiatry; 6 months of pediatrics; 6 months of child neuro-psychiatry. Each candidate is requested to present to the Governing Body his hospital curriculum vitae. The Governing Body will thus be able to take into account equivalents for training or other activities during the three required training periods.

Dr. H. Sauguet,
Administrative Secretary.

GERMAN PSYCHO-ANALYTICAL ASSOCIATION

(*Deutsche Psychoanalytische Vereinigung*)

Officers; Chairman and Secretary 'Ausland': Dr. Carl Müller-Braunschweig. *Secretary 'Inland':* Dr. Hans March.

Report for August, 1951–May, 1953

From 1948 on Müller-Braunschweig and his friends made many attempts to establish a *Zeitschrift für Psychoanalyse* in German. He hoped that such a journal would serve to re-arouse interest in psycho-analytic research and training which, during the Hitler regime, had been discredited and eliminated. Although a number of prominent members of the International Psycho-Analytical Association were willing to contribute to and collaborate with this journal, this attempt had to be abandoned after the publication of the first two numbers of Volume I, 1949–50, because of lacking finances.

At present we have 11 candidates (9 physicians and 2 non-physicians); the number of students is 10. Lectures are held partly at the Freie Universität, Berlin, and partly (since the Winter Semester 1952–53) at Müller-Braunschweig's apartment where one room serves provisionally as the 'Institute'. Müller-Braunschweig's lectures and seminars at the Freie Universität, Berlin, were held upon the request of the Philosophical Faculty which gave this assignment when the University was founded in the autumn of 1948. These lectures are attended by students of all faculties, particularly the philosophical and

medical, and by the students and candidates of the Berlin Psycho-Analytical Institute. The attendance varies with the topic (between 20 and 100).

One of the most urgent tasks of the Association is the establishment of a psycho-analytical library, since the former extensive library of the German Psycho-Analytical Society was lost in the bombings during the last days of the War.

Lectures and Seminars, Winter Semester, 1951–52

Käte Dräger: Seminar on Freud's 'Group Psychology and the Analysis of the Ego' (10 double hours).

Käte Dräger: Seminar on the Treatment of Childhood Neuroses (9 double hours).

Ingeborg Kath: Seminar on Freud's 'Interpretation of Dreams' (9 double hours).

Hans March: Attendance at the Clinic for Nervous and Mentally Ill Patients (Mondays and Thursdays, 9 a.m. to 2 p.m.).

Carl Müller-Braunschweig: The Psycho-analytic Technique and its Application to Theory and Practice of Medical and Non-medical Disciplines (14 hours).

Carl Müller-Braunschweig: Seminar on the Papers on Psycho-analytic Technique (14 double hours).

Gerhart Scheunert: Seminar on Freud's Case Histories (16 double hours).

Wolfgang Schoene (guest): Seminar on Freud's 'Totem and Taboo' (7 double hours).

Wolfgang Schoene (guest): Seminar on Freud's 'The Future of an Illusion' and 'Civilization and Its Discontents' (10 double hours).

Marie-Louise Werner: Technique of Child Analysis (10 double hours).

Marie-Louise Werner: Seminar on the Problems of Sexual Enlightenment of Children (10 double hours).

Lectures and Seminars, Summer Semester, 1952

Käte Dräger: The Sexual Development of the Girl (10 double hours).

Ingeborg Kath: Psycho-analytic anamneses (12 double hours).

Hans March: Explorations in Psychopathology, with the use of reports (6 hours).

Carl Müller-Braunschweig: Psycho-analysis in Relation to Ethics and Religion (12 double hours).

Carl Müller-Braunschweig: Dream Analysis (12 double hours).

Gerhart Scheunert: Psycho-analytic Case Seminar (13 double hours).

Wolfgang Schoene (guest): Seminar on new American literature concerning the Application of Psycho-analysis to Problems of the Social Sciences (12 double hours).

Marie-Louise Werner: The Meaning of Childhood Experiences, Fantasies and Screen Memories

^a The candidates are asked to register with the Secretary, indicating their choice. This activity will probably not start before October, 1953.

in the Treatment of Adult Neuroses (12 double hours).

Lectures and Seminars, Winter Semester, 1952-53

Käte Dräger: 'Dream Theory and Dream Analysis (12 double hours).

Ingeborg Kath: Psycho-analytic Anamneses (7 double hours).

Ingeborg Kath: Freud's Writings on Hysteria (7 double hours).

Carl Müller-Braunschweig: Introduction to Psycho-analysis, Historical and Systematic. Part I: Anthropology (14 hours).

Carl Müller-Braunschweig: Reading Seminar on Freud's Writings (14 double hours).

Gerhart Scheunert: General Theory of Neurosis (6 hours).

Gerhart Scheunert and Johanna Schmoeckel: Case Seminar (7 double hours).

Marie-Louise Werner and Wolfgang Schoene (guest): Seminar on the Psycho-analytic Connections in Childhood Histories and Analyses Compared with Ethnological Research (14 double hours).

Lectures and Seminars, Summer Semester, 1953

Käte Dräger: Delinquency and Criminality (9 hours).

Ingeborg Kath: Freud's Theory of Parapraxes (12 double hours).

Carl Müller-Braunschweig: Introduction to Psycho-analysis, Historical and Systematic. Part II: Anthropology (continued) (12 hours).

Carl Müller-Braunschweig: Technique of Dream Analysis (12 double hours).

Gerhart Scheunert: Theory of Neurosis (10 hours).

Gerhart Scheunert and Johanna Schmoeckel: Seminar on Technique (10 double hours).

Marie-Louise Werner and Wolfgang Schoene (guest): Results of Ethnological Research Paralleling those of Psycho-analysis (5 double hours).

Marie-Louise Werner: Seminar on Freud's Technical Papers (5 double hours).

Meetings of the German Association, September, 1951-March, 1953.

9 September, 1951. Business Meeting (Discussion of Programme of Lectures and Seminars for the Winter Semester, 1951-52).

30 October, 1951. Business Meeting (Guiding Principles for Training and Teaching Activities).

13 November, 1951. Discussion of 'The Analysis of the Analyst.'

27 November, 1951. Dr. Eleonore Rieniets (Johannesburg, South Africa; guest): 'Case Presentation.'

11 December, 1951. Brief Surveys on Various Forms of Taking Anamneses.

7 January, 1952. Business Meeting.

29 January, 1952. Dr. Paul Kühne (guest): 'On

a 'New American Psychotherapeutic Method (Hubbard: Dianetics).'

12 February, 1952. Business Meeting (Discussion of Programme of Lectures and Seminars for the Summer Semester, 1952).

26 February, 1952. Business Meeting (Acceptance of Candidates).

4 March, 1952. Hans Reichenbach (guest): 'On the Psychological Step from Animal to Man.'

25 March, 1952. Business Meeting.

1 July, 1952. Business Meeting.

15 July, 1952. Prof. Paul Tillich (New York; guest): 'Normal and Neurotic Anxiety.'

22 July, 1952. Business Meeting (Discussion of the Programme of Lectures and Seminars for the Winter Semester, 1952-53).

10 October, 1952. Business Meeting (Report on the Congress of the German Society for Psychotherapy and Depth Psychology; Financial Report).

21 October, 1952. Business Meeting (Continuation of previous meeting: Establishment of a Psycho-Analytic Institute).

30 October, 1952. Marie-Louise Werner: 'Psycho-analytic Work in a Children's Home.'

18 November, 1952. Marie-Louise Werner: 'Psycho-analytic Work in a Children's Home' (continuation).

2 December, 1952. Johanna Schmoeckel: 'A Case of Hysteria on a Depressive Basis.'

9 December, 1952. Brief Reports on the Reprints of Prof. Alexander Mitscherlich, Heidelberg.

16 December, 1952. Dr. Wolfgang Aucter (guest): 'A Case of Bulimia.'

13 January, 1953. Prof. Marg. Jucknat (guest): 'Diseases Viewed by the Poet and in the Light of Experiments.'

14 January, 1953. Dr. H. E. Richter (guest): 'A Case of Impotence and Delinquency.'

20 January, 1953. Business Meeting (Discussion of the Association's Relations to the Institute for Psychotherapy, Berlin).

3 February, 1953. Hans March: 'A Coat Thief.'

10 February, 1953. Kattrin Kemper (Rio de Janeiro; guest): 'A Case of Agoraphobia.'

24 February, 1953. Business Meeting (Discussion of Programme of Lectures and Seminars for the Summer Semester, 1953).

10 March, 1953. Dr. H. Argelander (guest): 'A Case with a Suicidal "Leitlinie".'

Dr. Carl Müller-Braunschweig, Chairman and Secretary 'Ausland'.

INDIAN PSYCHO-ANALYTICAL SOCIETY

14 Parsibagan Lane, Calcutta 9, India

Report for 1952

Obituary. The Society recorded with regret the death of Dr. Pars Ram, one of the oldest members of the Society and an enthusiastic worker in the field of psycho-analysis.

Members and Associates. The number of Members was 20 and the number of Associate Members was 36.

Finance. The total income of the Society, together with the balance of the previous year excluding Rs. 23-7-3 which is lying with the Librarian, amounted to Rs. 2,615-2-11 and the total expenditure was Rs. 2,303-6-3, leaving a balance of Rs. 311-12-8 (subject to audit).

Business Meetings. The 30th Annual General Meeting was held on 15 March, 1952.

(1) The Annual Report of the Society for the year 1951 together with the audited accounts was adopted.

(2) The office-bearers, Council of the Society, Board of the Institute and various Committees were elected for the year 1952.

(3) The Budget of expenditure for the year 1952 was passed.

The Council Meetings were held on 10 January, 5 April, 12 June, 1952. In addition, Joint Meetings of the Council and the Board of the Institute were held on 28 June, 14 August, 11 September, 13 November, and 18 December, 1952.

(1) Seven associate members were elected during the year.

(2) In consideration of the change in the exchange rate, the following resolution was passed:

Resolved.—That from 1953 the subscription rate for Members be raised to Rs. 50/-.

Scientific Meetings. The following papers were read by Dr. N. N. Chatterji:

(a) 9 February, 1952. 'The Nature of Schizophrenic Disturbance of Personality.'

(b) 10 April, 1952. 'Drug Addiction.'

Research Activity. Dr. N. J. Kothari in collaboration with Dr. N. S. Vahia published a preliminary report of the study of 146 cases about Medical Treatment of Epilepsy in the *Indian Journal of Medical Science*, Vol. 6, No. 9, 1952.

Indian Psycho-Analytical Institute. Three candidates were admitted to the Institute, thus making the number of candidates in training 6.

Training and Control-Analysts; Dr. G. Bose, Mr. H. P. Maiti, Dr. Edith Ludowyk-Gyomroi, Dr. S. C. Mitra, Dr. N. De and Mr. T. C. Sinha.

Training-Analysts; Dr. K. L. Shrimali and Mr. M. V. Amrith.

ISRAEL PSYCHO-ANALYTICAL SOCIETY
(Chewra Psychoanalytit B'Israel)

138, Abyssinian Street, Jerusalem, Israel

Officers; President; Dr. M. Wulff. Secretary; Dr. I. Schalit. Treasurer; Dr. E. Gumbel.

Report of the Secretary for the Year 1952-53

The education of our candidates consists of personal and training analysis, clinical work under

supervision, courses, seminars and study of scientific literature.

In view of the fact that our members reside in three different cities, it was not possible to form a Central Training Institute or to offer our candidates a more systematic programme. We had to compensate for this deficiency by other remedies. On the other hand, the absence of such a Central Institute strengthens the personal contact between the analyst and the candidate, giving more personal insight which enables us to succeed in our work despite this deficiency.

The problem of lay analysis has not been solved yet. Among our candidates there are some with academical degrees. The condition under which these candidates are being accepted is that after the completion of their training, they will not engage in therapeutic work with grown-ups. At the beginning of training all candidates undertake not to begin any practical work unless specific permission by the respective analyst has been granted. Further, they are not to call themselves psycho-analysts so long as they are not accepted as members of our Society.

A large part of our educational work consists in preparing the non-medical staff for various educational, probation and social-work institutions.

The educational training takes place in Jerusalem, Tel-Aviv and Haifa. It is being supervised by the Training Committee until the end of the training.

Three libraries are available to members and candidates. The biggest and oldest one in Jerusalem, attached to the Psycho-Analytical Institute there, was named after the late Dr. Max Eitingon; the second in Tel-Aviv, the beginning of which was laid by funds donated from New York in the name of Dr. Kilian Blum, a former member of our Society; and the third library in Haifa.

The Training Committee; Drs. M. G. Brandt, B. Gruenspan, E. Gumbel, Z. Winnik, M. Wulff (Chairman).

Training Analysts; Drs. G. Barag, M. G. Brandt, B. Gruenspan, E. Gumbel, I. Schalit, M. Wulff.

Number of Candidates in Training; 5 in Jerusalem; 3 in Tel-Aviv; 1 in Haifa.

Programme of Courses

Jerusalem; Introductory Lectures on Psychoanalysis (Dr. Gumbel). Case Histories and Theory (Dr. Gumbel). Seminar on Theory for Pedagogues and Children's Nurses (Dr. F. Lowtzky). Seminar for Physicians, Therapeutic Pedagogues and Psychologists: 'Diagnostic Problems in Borderline Cases' (Dr. Winnik).

Tel-Aviv; Courses for Teachers and Pedagogues: Psychiatry (Dr. Isserlin). On Juvenile Delinquents (D. Idelson). Practical Discussions with Pedagogues (Dr. Rosenberger). Theory of the Instincts and the Unconscious (Dr. Wulff). Seminar for Candidates

(Dr. Wulff). Practical Discussions with Pedagogues (Dr. Wulff).

Haifa; Seminar for Teachers, Pedagogues and Special Workers: Introductory Lectures on Psycho-analysis (Dr. Bental). Theory of the Libido (Dr. Bental). Three Essays on the Theory of Sex (Dr. Gruenspan). The Ego and the Mechanism of Defence (Dr. Schalit). Discussions on Casework for Advanced Candidates (Mrs. A. W. Stadthagen). Discussions on Casework for Beginners (Mrs. A. W. Stadthagen).

Scientific Papers, 1952-53

26 January, 1952. Dr. M. Wulff: 'Choice of Neurosis.'

16 February, 1952. Dr. M. Wulff: 'A Case of an Obsessional Neurosis.'

8 March, 1952. Dr. Marcuse (guest): 'Castration Complex in Art and History.' Meeting held in honour of the 75th birthday of Dr. Marcuse.

10 May, 1952. Dr. I. Schalit: 'Some Letters of Freud.' Dr. Marberg: 'A Case of a Conversion Hysteria.'

14 June, 1952. Dr. Haas: 'Some Remarks on Masculinity Complex.'

29 November, 1952. Dr. M. Wulff: 'Education in a Kibbutz.'

27 December, 1952. Dr. E. Gumbel: 'Report on the Paper by Anna Freud in Collaboration with Sophie Dann, "An Experiment in Group Un-bringing".'

21 February, 1953. Dr. (Mrs.) Pollak: 'On a Case of Pseudo-Debility.'

21 March, 1953. Dr. (Miss) Jaffe: 'Report on Psycho-analytical Development in U.S.A.'

18 April, 1953. Dr. Bloch: 'A Case of Anxiety Hysteria.'

Dr. I. Schalit,
Secretary.

ITALIAN PSYCHO-ANALYTICAL SOCIETY

(*Società Psicoanalitica Italiana*)

28, Via Palermo, Rome, Italy

Officers; President; Prof. Nicola Perrotti. *Vice-President*; Prof. Cesare Musatti. *Secretary*; Dr. Claudio Modigliani.

Training Committee; Prof. C. L. Musatti, Prof. N. Perrotti, Prof. E. Servadio.

Training Analysts; Prof. C. L. Musatti, Prof. N. Perrotti, Prof. E. Servadio, Dr. C. Modigliani.

Candidates in Training in December, 1952: 15.

The Society has held monthly scientific meetings in Rome, discussing several problems of theory and technique (among others, anxiety, guilt, hypochondriasis, instincts, obsessional neurosis). Other meetings were held in Milan and Palermo.

Prof. Perrotti has held a regular course of 21 lectures on Clinical Psychology and Psycho-analysis

at the Rome University (Clinic for Mental and Nervous Diseases).

Prof. Servadio lectured about 30 times on psycho-analytic subjects for the Italian radio and elsewhere; He fostered the publication of several psycho-analytic works in Italian translation, writing fore-words (among others, a 2nd edition of *Totem and Taboo*, by Freud; *Psycho-Analysis*, by E. Glover. *Take Off Your Mask*, by L. Eidelberg). He was also responsible for the fact that a selected series of lectures on psycho-analysis (which were given by himself, Prof. Musatti and Prof. Perrotti) will be presented in book form by the Italian Radio Publications.

Dr. C. Modigliani gave a new series of lectures on the theme: 'Elements of Psycho-analysis of the Developmental Age' under the auspices of the Roman 'Movement of Civic Co-operation'.

Several Members of the Society published scientific and popular papers in many Italian and foreign periodicals.

Dr. Claudio Modigliani,
Secretary.

SENDAI PSYCHOANALYTICAL SOCIETY

Officers; President; †Dr. Kiyoyasu Marui. *Secretary and Treasurer*; Prof. Dr. Michio Yamamura.

The center of the Association is at present in Hirosaki, where Kiyoyasu Marui, M.D., Ph.D. (President of the Association and President of the Hirosaki University) and Michio Yamamura, M.D. (Secretary and Treasurer of the Association, training analyst, and professor of psychiatry, Medical Faculty, the Hirosaki University) live.

In the faculty of medicine of the University Prof. Yamamura gives lectures on psychiatry in the light of psycho-analysis to the students; under the leadership and supervision of the latter several young doctors are on the way to be trained in psycho-analysis; in the psychiatric clinic and its out-patient department many psychoneurotic patients are treated by means of psycho-analysis.

In the Hiroshima Medical College also lectures on psycho-analysis, psycho-analytic investigation and treatment are going on under the guidance of Prof. Dr. Masuho Konuma.

It is widely known that Dr. Heisaku Kozawa has practised psycho-analytic treatment for many years in Tokyo; several years ago he organized a psycho-analytic circle (Seishin-Bunseki-Kenkyu-Kai) around him and is making efforts to teach and train physicians and also lay people in psycho-analysis.

In Sendai there is another psycho-analytic circle under the leadership of Dr. Choichiro Hayasaka.

The annual general meeting of the Sendai Psycho-analytical Association was held at the lecture hall of the Tokyo Medico-Dental University on 16 November, 1952; the attendance was very large; the programme of the meeting was as follows:

(1) Kiyoyasu Marui: Opening Address.

(2) Kazuhiko Harada (Osaka University): 'Juvenile Delinquency in Relation to Emotional Difficulties of Boys.'

(3) 'The Topology-Psychological Investigation of Personality-Structure in Schizophrenics':

(a) Mrs. Sumiko Marui (Gifu University): 'The Focus of the Issue and Experiment.'

(b) Dr. Fuhio Marui (Nagoya University): 'A Study of the Results.'

(4) Michio Yamamura (Hirosaki University): 'On Free Association.'

(5) Jundo Oyama (Aomori): 'Mental Conflicts and Adana-Consciousness.' (Adana is a Buddhist term in Sanskrit.)

(6) Seishi Shimoda (Tokyo): 'Analysis of the Objection Raised by a Certain Psycho-analyst against the Free Education of A. S. Neill.'

(7) Akimasa Fukuda, Yoshiko Sugimoto (Ohtsu): 'On the Fallacies of the Viewpoint of So-called Neo-Freudism.'

(8) Masanori Doi (Tokyo): 'Psycho-analytical Considerations in the Family Court.'

(9) Special Lecture: Kiyoyasu Marui (Hirosaki University): 'Clinical Psychiatry and Psycho-analysis.'

(10) Special Lecture: Yukio Togawa (Professor of Psychology of the Waseda University, Tokyo): 'On the Phenomena of Regression.'

(11) Michio Yamamura: Closing Address.

Recently the following books were published by Kyobunsha, Tokyo:

Kiyoyasu Marui, M.D., Ph.D.: *Seishin-Bunseki Nyumon* (an authorized translation of Freud's *Vorlesungen zur Einführung in die Psychoanalyse*) in two volumes.

Katsumi Kaketa, M.D.: *Seiyokū-Ron* (an authorized translation of Freud's *Sexualtheorie*).

Dr. Michio Yamamura,
Secretary.

SWEDISH PSYCHO-ANALYTICAL SOCIETY (Svenska Psykoanalytiska Föreningen)

The Society now has 25 candidates in training, but so far not all of them have participated in the training seminars.

The last annual meeting was held on 19 December, 1952. For several reasons the election of the board of directors was delayed. The board functioning at present consists of: *Chairman*: Nils Haak, M.D. *Vice-Chairman*: Thorkil Vanggaard, M.D. *Secretary*: Gunnar Nycander, M.D. *Treasurer*: Lajos Szekely, Ph.D. *Librarian*: Tore Ekman, Fil. mag.

During the last year there were 9 meetings and the following papers were read:

Pedersen, Stefi, M.A.: 'Changes in Psycho-analytic Techniques in Connection with the Development of Ego Psychology.'

Sjöwall, Thorsten, M.D.: 'Experiences from the Psycho-analytical Activity in Boston.'

Harding, Gösta, M.D.: 'The Psychotherapeutic Congresses in Holland, Summer, 1952.'

Sternberg, Sten, Rektor: 'Some Experiences with Group-therapy.'

De Monchy, Rene, M.D.: 'The Development of the Castration Complex.'

Vanggaard, Thorkil, M.D.: 'Psycho-analytically Oriented Psychotherapy of Schizophrenia.'

Szekely, Lajos, M.D.: 'Some Biological Aspects of Early Anxiety in children.'

For candidates in training, the following seminars were held:

Spring; Ekman: S. Freud, 'Aus der Geschichte einer infantilen Neurose' (10 lectures; 11 students).

Haak: 'Selected Writings of Freud' (9 lectures; 12 students).

For members of the Swedish Psycho-Analytical Society: Szekely: 'Psycho-analysis and Anthropology' (10 lectures; 7 members).

Autumn; Ekman: 'The Casuistic Writings of Freud' (5 lectures; 11 students).

Haak: 'Feminine and Pre-oedipal Development of Sexuality' (7 lectures; 12 students).

For members of the Swedish Psycho-analytical Society: Szekely: 'Countertransference' (7 lectures; 5 members).

After Dr. de Monchy left Sweden, the Vice-Chairman, Dr. Haak, acted as Chairman.

Since autumn, 1952, a committee is working on new propositions for the training of candidates.

Gunnar Nycander, M.D.,
Secretary.

SWISS PSYCHO-ANALYTICAL SOCIETY (Schweizerische Gesellschaft für Psychoanalyse)

Officers; President: Dr. Philipp Sarasin. *Aktuar*: Dr. Hans Zulliger. *Treasurer*: Dr. H. Bänziger. *Beisitzer*: Dr. Henri Flournoy, Pfarrer Dr. Oskar Pfister. *Librarian*: Dr. Medard Boss.

Report for 1 July, 1951, to 1 April, 1953

Membership;	Physicians	Non-physicians	Total
Regular Members	23	7	30
Associate Members	6	17	23
Total	29	24	53

Dr. Raymond de Saussure, for many years a member of the New York Psychoanalytic Society, has returned to Geneva.

Scientific Papers

22 September, 1951. Dr. Maria Pfister: 'Indications for Analysis.'

13 October, 1951. Dr. Ernst Boesch: 'Psychology of Psychic Projection.'

27 October, 1951. Miss Jeanne Ribaud: 'Exposé d'un cas de névrose d'un garçon de 7½ ans. Traitement combiné de la mère et de l'enfant.'

24 November, 1951. Pfarrer Dr. O. Pfister: 'Karl Jaspers as Opponent of Sigmund Freud.'

26 January, 1952. Dr. F. Morgenthaler: 'Detours in the Work of Interpretation.'

2 February, 1952. Miss H. Monard: 'Un cas d'une fillette de 10 ans.'

15 March, 1952. Dr. E. Simenauer, Tanga: 'Psychological Factors in R. M. Rilke's Case History.'

11 May, 1952. Dr. René Spitz: 'Les premières relations objectales et leurs désordres.' (Read at Lausanne.)

14 May, 1952. Dr. René Spitz: 'Classification des maladies psychogéniques de l'enfance.' (Read at Geneva.)

14 May, 1952. Dr. E. Blum: 'Basic Factors in the Therapeutic Situation.'

10 June, 1952. Dr. René Spitz: 'Psycho-analytic Concept Formation and Physiological Thought Model.' (Read at Basle.)

21 June, 1952. Dr. M. Gressort: 'Un cas de faiblesse du moi par identification primaire.'

9 September, 1952. Miss Madeleine Backes: 'Angoisses aiguës et pouvoir magique chez une jeune fille nord-africaine considérée comme marabout.'

25 October, 1952. Dr. G. H. Graber: 'Two Case Histories of Adult Female Enuretics.'

23 November, 1952. Dr. Fierz-Monnier: 'C. G. Jung's Concept of the Unconscious.'

23 November, 1952. Dr. H. Kockel: 'Freud and Jung in Case Histories.'

6 December, 1952. Dr. A. Kielholz: 'Children's Books, Their Authors and the Unconscious.'

31 January, 1953. Prof. Dr. R. Brun: 'On Freud's Theory of the Death Instinct.'

28 February, 1953. Miss Louise-Marie Dupraz: 'Le rôle d'une infirmité dans la formation d'une névrose et dans la poursuite du traitement analytique.'

28 March, 1953. Mrs. E. Reymond-Meyhoffer: 'Différences des relations entre les complexes de castration et d'oedipe chez la fille et le garçon. Présentation de deux cas.'

Training

There was considerable progress in the area of psycho-analytic training in the French part of Switzerland. At the meeting on 27 October, 1951, the suggestion was made to form a committee with the purpose of furthering and supervising the candidates of the Services médico-pédagogiques in the cantons Wallis, Waadt, Neuchâtel and Jura Bernois. At the meeting of 21 June, 1952, in Bern, the guiding principles were discussed (see Appendix I below), and at the meeting of 2 December, 1952, they were adopted by the Society. It is the first time in the history of our Society that the cantonal institutions officially collaborated with our Society.

Appendix I: The Training of Child Psycho-analysts in French Switzerland

The Swiss Psycho-Analytical Society established the following requirements:

(1) Preliminary Studies

(a) Candidates should have the 'certificat de consultation' from the Rousseau Institute or an equivalent. The Examining Committee will decide on the acceptability of such equivalents. Those who have degrees in education and psychology, and teachers, will study at the Rousseau Institute and follow a programme to be discussed with the Examining Committee.

(b) Candidates must be analysed by an accredited analyst of the Swiss Society. The Committee will base its decision as to whether or not to accredit a candidate on the opinion of the analyst.

(2) Training Candidates

(a) Candidates must present to the Committee a paper on education or psychology, or the paper written for the Rousseau Institute diploma.

(b) Candidates must undertake to attend the seminars regularly and not to practise without the authorization of the Committee.

(3) Training

(a) Candidates are required to serve a three-month period at a psychiatric clinic or polyclinic to become acquainted with nervous or mentally ill patients. It is, of course, understood that under no circumstances will this training period authorize psychoanalysts who are not medical doctors to make diagnosis or prescribe treatment.

(b) In accordance with the Committee, candidates are required to have a training period of 2 years in a medical-educational office. One part of this training may be done abroad.

(c) Candidates should have their work controlled for 2 years. This control must include at least six cases of children of various ages. It is desirable that a candidate should analyse an adult under control.

(4) Acquisition of Title

(a) Candidates should submit a paper on psychoanalysis to the Examining Committee which will judge whether the work can be presented to the seminar.

(b) If he is accredited, the candidate receives a certificate from the Examining Committee.

(c) Candidates may then present their candidacy to the Swiss Psycho-Analytical Association, and read a paper according to the provisions of the Society. When these conditions have been fulfilled, the Swiss Psycho-Analytical Society admits the candidate. This admission is considered equivalent to a diploma. The candidate receives a membership card of the Swiss Psycho-Analytical Society.

If the child psycho-analyst wants to become a psycho-analyst, he will have to fulfil the requirements of the Swiss Psycho-Analytical Society.

(5) *Special Cases and Appeals*

(a) The Examining Committee has the right to pass on candidates who have the required knowledge to practise child psycho-analysis, but who have not followed the programme described.

(b) The candidate who does not accept the decision of the Examining Committee has the right of appeal to the Swiss Psycho-Analytical Society.

Dr. Philipp Sarasin,
President.

VIENNA PSYCHO-ANALYTICAL
ASSOCIATION

(*Wiener Psychoanalytische Vereinigung*)

Officers; Chairman; Dr. Alfred Winterstein.
Secretary; Dr. Wilhelm Solms; Treasurer; Dr.
Lambert Bolterauer.

Report for the Year 1952-53

The Association has at present 16 members, including those who live in foreign countries; Dr. Hans Hoff is an honorary member; there are 17 candidates in training.

On 25 April, 1952, Dr. Erich Heilbrun, previously a member of the German Psycho-Analytical Association, gave a lecture on 'Problems of Sublimation' and was unanimously elected to active membership in the Vienna Association. At the same meeting, Dozent Dr. Bolterauer agreed, upon the request of the members, to negotiate about the profitable use of Aichhorn's library, to have a catalogue made, to introduce regular library hours, and to set up a lending service for candidates.

On 28 May, 1952, the candidate Dr. Erik Bjerg Hansen read a paper on 'The Concept of Transference' and was unanimously elected to full membership. Shortly thereafter he left Vienna and is now practising in Copenhagen.

At the Annual Meeting of 7 November, 1952, it was unanimously decided that the theoretical training of candidates should be extended to three years. Candidates who have just completed the previously required two-year training course will not be affected by this new ruling. Students in their first year of training will be required, as a transitional measure, to take a total of five seminars, whereas the candidates who are just beginning their training will be subject to the new rules. Furthermore, it was unanimously decided to elect future candidates first to associate membership. Associate members can become full members after two years; they must be at least thirty years old and give a paper on a case treated by them. This case should not be one of the required control cases of the training period. Paragraph 4 of the statutes was correspondingly changed.

Finally, Dr. Felix Schottländer, of Stuttgart, who had been an associate member of the Vienna Psycho-Analytical Association before the War, was unani-

mously elected to full membership. He was invited to present lectures at the Vienna Association and the August Aichhorn Society respectively. In January, 1953, Dr. Schottländer, who for various reasons was prevented from coming in person, sent a paper on 'Blinding through Pictures,' which was read by Dr. Winterstein on 3 February.

Lectures and Seminars, Summer Semester, 1952

Organized by the Institute for Candidates;

(1) Dr. Alfred Winterstein: Special Theory of Neuroses, Part II.

(2) Dr. Tea Genner-Erdheim: Freud seminar: 'Notes on a Case of Obsessional Neurosis.'

(3) Dr. Hans Aufreiter: Case Seminar.

Psychiatric Clinic, Vienna University;

In the framework of a practical course, 'Medical Psychology and Psychotherapy' for students: Assistant Dr. Wilhelm Solms: 'The Psycho-analytic Theory of Neurosis; with Case Illustrations.'

For physicians of the Clinic and Hospital for Nervous Diseases of the City of Vienna: Assistant Dr. Wilhelm Solms: 'Introduction to the Theory of Neurosis and Psychotherapy; Reading of Freud's "Lectures".'

University;

Dozent Dr. Lambert Bolterauer: Introduction to Depth Psychology, Part II.

Paedagogical Institute of the City of Vienna;

Dozent Dr. Lambert Bolterauer: Practical seminar on 'The Most Frequent Learning and Behaviour Difficulties of High School Students; Diagnosis, Etiology, and Therapy.'

Lectures at the August Aichhorn Society;

(1) Dr. Wilhelm Solms: 'The Causes of Addiction.'

(2) Dr. Lambert Bolterauer: 'The Psychology of Fanaticism.'

(3) Drs. Lambert and Hedwig Bolterauer: 'Children of Divorced or Separated Parents.'

Lectures and Seminars, Winter Semester, 1952-53

Organized by the Institute for Candidates;

(1) Dr. Alfred Winterstein: Introduction to Psycho-analysis (Psycho-analytic Normal Psychology; General Theory of Neurosis).

(2) Dozent Dr. Lambert Bolterauer: Freud Seminar: 'Three Contributions to the Theory of Sex.'

(3) Dr. Hans Aufreiter: Reading and Case Seminar. Dr. Hans Aufreiter: Psychosomatic Theory and Psycho-analysis.

Psychiatric Clinic;

For students: Same lecture as Summer Semester.
For physicians: Continuation and end of lectures of Summer Semester.

University;

Dozent Dr. Lambert Bolterauer: Applied Depth Psychology, Part I.

Paedagogical Institute of the City of Vienna;

Dozent Dr. Lambert Bolterauer: Practical seminar on 'The Most Frequent Learning and Behaviour Difficulties of High School Students; Diagnosis, Etiology, and Therapy.'

Courses and Lectures at the August Aichhorn Society;

(1) Dr. Erich Heilbrun: 'Introduction to Psychoanalysis.' (Course for Non-candidates.)

(2) Dr. Alfred Winterstein: 'Unconscious Motives in Human Work.'

(3) Prof. Alois Nentwich: 'Is Sexual Enlightenment in Schools Possible and Desirable?' (with an educational film).

(4) Dr. Erich Heilbrun: 'Psychic Depressions, Causes and Therapy.'

(5) Dr. Hans Aufreiter: 'Organic Diseases Caused by Psychological Factors; New Insights of Psychosomatic Medicine.'

Dr. Alfred Winterstein,
Chairman.

ERRATUM

In the 106th *Bulletin of the International Psycho-Analytical Association*, page 278, Column 1, lines 20-21, the sentence

'...; its investigation will not take place until the next Congress.'

should read:

'...; its investigation will not take place until the next Congress.'

ANNOUNCEMENT

The 19th INTERNATIONAL PSYCHO-ANALYTICAL CONGRESS will take place in Geneva, Switzerland, from Sunday, 24 July to Thursday, 28 July, 1955.

The Programme Committee, under the chairmanship of Dr. Phyllis Greenacre (211 Central Park West, New York 24, N.Y.) and Dr. Ernst Kris (135 Central Park West, New York 23, N.Y.), request that all papers be submitted not later than 20 February, 1955.

THE INTERNATIONAL JOURNAL OF PSYCHO-ANALYSIS

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Part 4

PSYCHO-ANALYSIS AND THE HISTORY OF ART*

By E. K. GOMBRICH, Ph.D., M.A.,

THE WARBURG INSTITUTE, UNIVERSITY OF LONDON.

When I was honoured by the invitation to give this year's Ernest Jones Lecture I felt, of course, the usual mixture of trepidation and pride; trepidation at the thought of having to address an audience of specialists in a field where I am only a trespasser—an audience, moreover, accustomed to listen with the third ear; pride in being allowed thus to pay a public tribute to a great scientist and scholar. I was particularly glad that this should happen in a year in which Ernest Jones has yet again added to the debt of gratitude we owe him by turning historian and biographer in his exciting *Life of Sigmund Freud*. But what I did not know when I accepted, and what may perhaps also be new to you and to him, is that I would find in Ernest Jones also a dangerous rival in my own proper field—the history of art. I once tried to tell the whole story of art in a mere 450 pages. Imagine my mortification when I found that Ernest Jones had performed the same feat in exactly half a page, and that, perhaps, unconsciously! I must read this rival product to you, because I shall have to come back to it more than once in the course of this lecture. It occurs in Ernest Jones' classic paper on 'The Theory of Symbolism',¹ very near the beginning:

'If the word "symbolism" is taken in its widest sense', he writes — 'the subject is seen to comprise almost the whole development of civilization. For what is this other than, a never-ending series of evolutionary substitutions, a ceaseless replacement of one idea, interest, capacity or tendency by another? The progress of the human mind, when considered genetically, is seen to consist, not—as is commonly thought—merely of a number of accre-

tions, added from without, but of the following two processes: on the one hand the extension or transference of interest and understanding from earlier, simpler, and more primitive ideas etc., to more difficult and complex ones, which in a certain sense are continuations of and symbolize the former; and on the other hand the constant unmasking of previous symbolisms, the recognition that these, though previously thought to be literally true, were really only aspects or representations of the truth, the only ones of which our minds were—for either affective or intellectual reasons—at the time capable. One has only to reflect on the development of religion or science, for example'—ends Dr. Jones — 'to perceive the truth of this description.'

You see how I was saved by a hair's breadth from being put out of business. 'Religion or science, for example', says Dr. Jones—and leaves it to me to add art. But psycho-analysis does not believe in accidents of this kind, and maybe it was no complete accident that art was not mentioned in the article that was written in 1916. For in these earlier years of psycho-analysis the aspect of art that attracted most attention was not so much the historical progress of modes of representation which is so admirably summed up in this paragraph, as its expressive significance. In most psycho-analytic discussions on art the analogy between the work of art and the dream stands in the foreground of interest. I think it cannot be denied that to this approach literature proved a more rewarding field than painting. True, there are paintings such as some by Goya, Blake, or Fuseli which are dream-like; but if you follow me in your mind on a lightning excursion to the National Gallery with its

* The Ernest Jones Lecture, read before the British Psycho-Analytical Society, 19 November, 1953.
¹ Printed in *Essays on Psycho-Analysis*, 5th ed. (London: Baillière, Tindall and Cox 1948, pp. 87

ff.).
² I have discussed one aspect of this dream-style (as applied to satire) in 'Art and Imagery in the Romantic Period', *Burlington Magazine*, June 1949.

Madonnas and landscapes, still lifes and portraits, you will realize that the traditional conventional elements often outweigh the personal ones in many, even of the great masterpieces of the past. Now I would not be here, of course, if I were inclined to deny that a personal determinant must always exist and have always existed; that if you had analysed Hobbema you might have found out why he preferred to make capital of Ruysdael's watermills rather than of Koninck's panoramas; how it came that Vouverman delighted in painting white horses and Paulus Potter cattle.

But does it matter all that much? This may at first seem a very heretical question to ask, yet on its answer depends the whole relationship between Psycho-analysis and the History of Art. For try as we may, we historians just cannot raise the dead and put them on your couch. It is a commonplace that there is no substitute for the psycho-analytic interview. Such attempts as have been made, therefore, to tiptoe across the chasm of centuries on a fragile rope made of stray information can never be more than a *jeu d'esprit*, even if the performance is as dazzling as Freud's Leonardo.³ We historians could always prove to you that the information you need is not to be had, and you could retort that without such essential information we might just as well pack up and go home. And so I repeat the question whether it really matters all that much if we know what the work of art meant to the artist. It clearly matters on one assumption and on one assumption only: that this private, personal, psychological meaning of the picture is alone the real, the true meaning—the meaning, therefore, which it also conveys if not to the conscious at least to the unconscious mind of the beholder. I know that this assumption underlies a good deal of writing on modern art,⁴ but I doubt if it is sound analytical doctrine. I hardly need remind this audience of the letter Freud wrote to André Breton when that leader of Surrealism asked him for a contribution to an anthology of dreams: 'a mere collection of dreams without the dreamer's associations, without knowledge of the circumstances in which they occurred,

tell me nothing and I can hardly imagine what it could tell anyone.'⁵ No work of communication here. If the work of art has the character of a shared dream, it becomes urgent to specify more clearly what it is that is being shared. This is the problem to which I should like to direct your attention.

In order to escape from generalities I should like to pose this problem in as concrete a form as possible. I show you here one of Picasso's most popular works—popular at least on the other side of the iron curtain: his so-called peace dove (Fig. 1). What I may call its manifest social or public meaning is quite clear. The dove is an old, conventional symbol for peace which owes this meaning to the conviction that it is a very meek bird. Perhaps it is not without significance that Konrad Lorenz has told us that actually doves or pigeons are most savagely aggressive. The psychoanalyst will then want to go beyond this surface meaning. He will ask what other qualities may have contributed to the success of the dove as a symbol. Ernest Jones has drawn attention, in a somewhat different context, to the qualities through which it lends itself as a phallic symbol.⁶ Perhaps this meaning is indeed present to reinforce the appeal of the poster as a poster—but this would also be true if a hawk rather than Picasso had drawn it.

Now we happen to be able to guess a little at least of the personal meanings that the dove or rather the pigeon must have for Picasso. His friend and companion Sabartés, living in an age made avid for such memories through the influence of psycho-analysis, has recorded episodes from the artist's childhood that centre round the pigeons his father used to paint.⁷ Picasso's father, Don Pepe Ruiz, was an artist and keeper of a local museum in Majorca, and he used to paint on pictures of doves which Picasso still liked to glamorize. These pictures Don Pepe painted from stuffed pigeons which he carried to his office and back home. Now Picasso remembers having been paralysed with fear when left alone at school, and tells how he used to cling to his father and how he kept his father's walking stick, his paint brush, and most of all his

ber 1951.

³ For a facsimile of this letter cf. *Transformation*, 1951, I. The translation published alongside it hardly brings out the charm and force of Freud's reply.

⁴ The Madonna's Conception through the Ear. *Essays in Applied Psycho-Analysis* (London: Hogarth Press, 1951), p. 326 ff.).

⁷ Jaime Sabartés, *Picasso* (London: W. H. Allen, 1949).

³ Giuseppina Fumigalli, *Eros di Leonardo* (Milan: Garzanti, 1952). The romantic tone and tendency of this book (which is to vindicate Leonardo's sexual normality) need not blind us to the fact that much of the author's criticism of Freud's data (which were mainly derived from Marie Herzfeld's studies) must be accepted as philologically sound.

⁴ For a vigorous criticism of this view from a different angle cf. G. Boas, 'Communication in Dewey's Aesthetics', *American Journal of Aesthetics*, December



FIG. 1. Picasso: 'The Peace Dove.' (Poster.)



FIG. 2. Picasso: *Les Femmes d'Alger*.
Collection The Museum of Modern Art, New York.
Acquired through the Lillie P. Bliss Bequest



FIG. 4. Raphael: The Triumph of Galatea. Rome, Villa Farnesina.



FIG. 3. Botticelli: The Birth of Venus. Florence, Uffizi.



FIG. 5. Titian: The Rape of Europa. (The Isabella Stewart Gardner Museum, Boston.)



FIG. 6. Bouguereau: The Birth of Venus. French State Collections.



7. Bonheur: The Three Graces. (Courtesy Soho Gallery, London. Braun et Cie, France.)

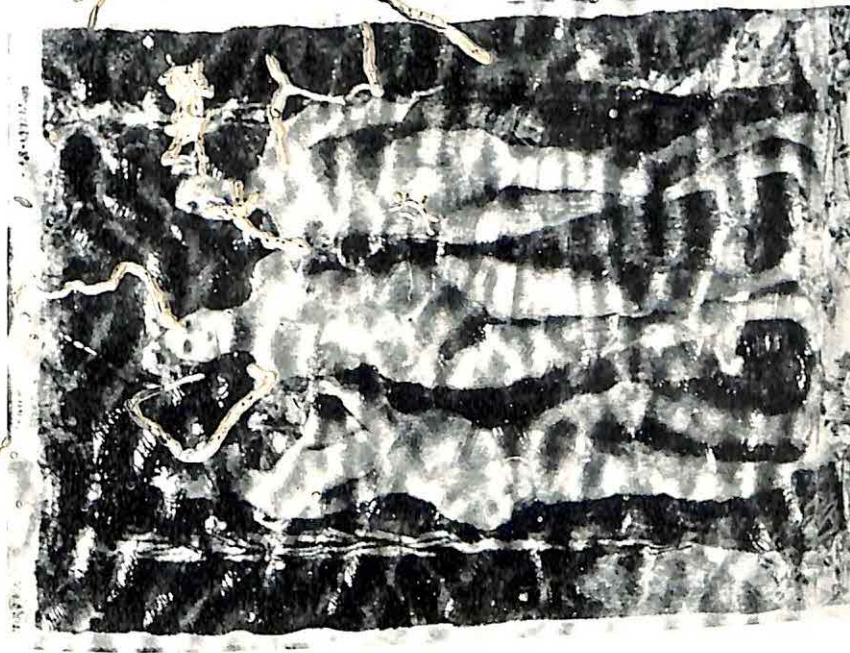


FIG. 8. As 7, seen through rolled glass.



FIG. 9. As 7, seen through rolled glass.



FIG. 10.

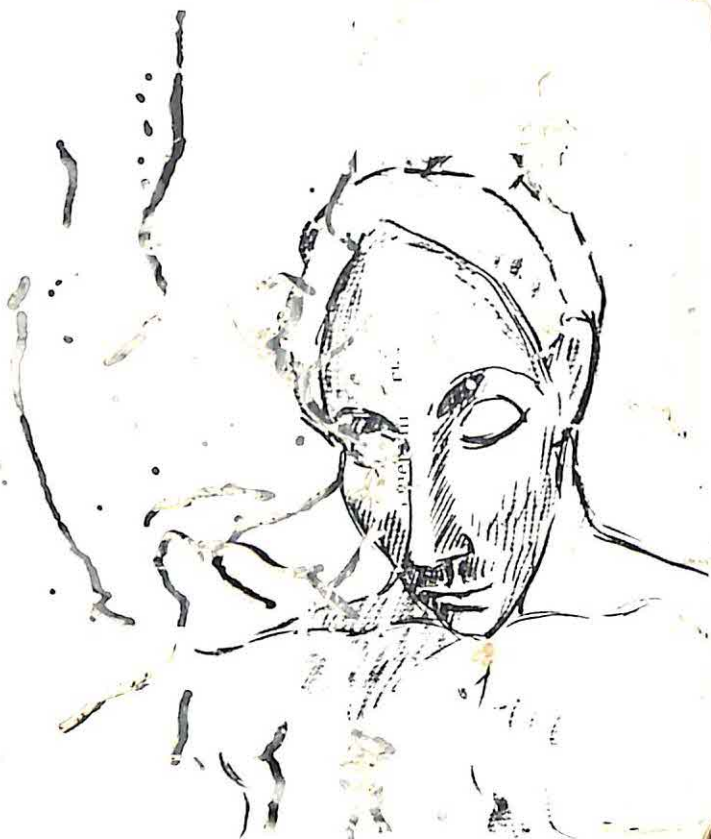


FIG. 11.



FIG. 12.

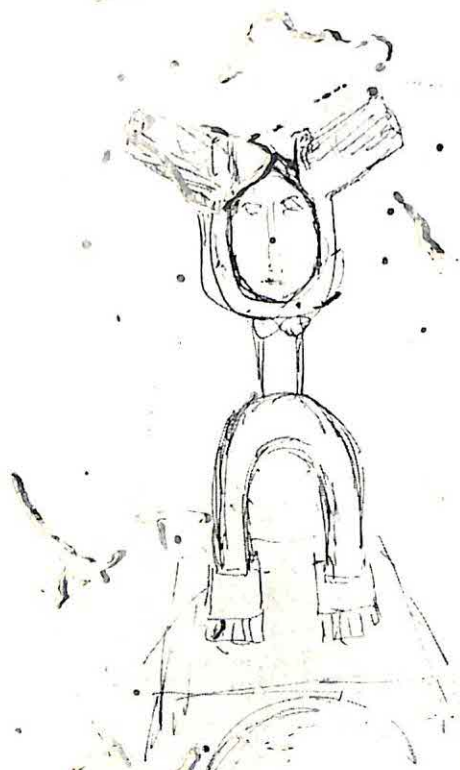


FIG. 13.

Fig. 10. Mother and Child. Courtesy of the Fogg Art Museum, Cambridge, Mass. Figs. 11, 12, 13. Studies for the *Les Femmes d'Alger*.
 Picasso: Four Drawings. Meta and Paul J. Sachs Collection, Cambridge, Mass.



FIG. 14.

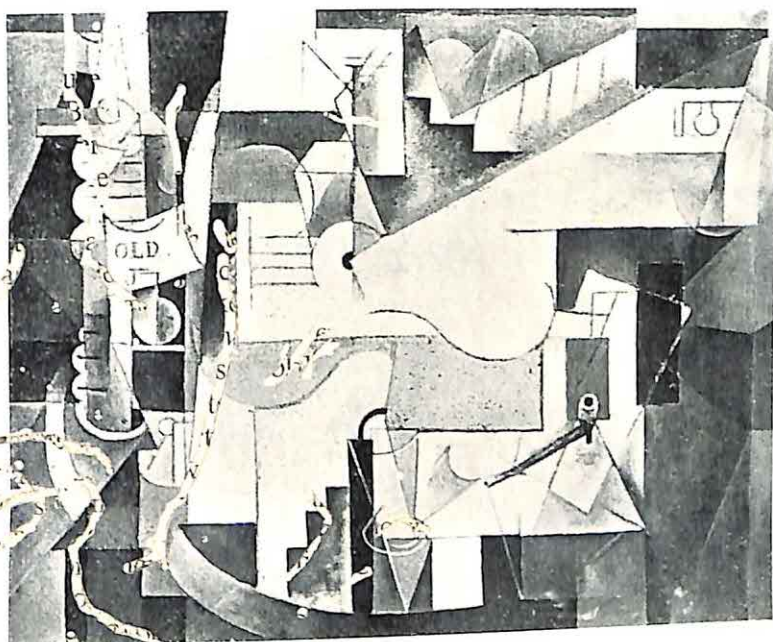


FIG. 15.

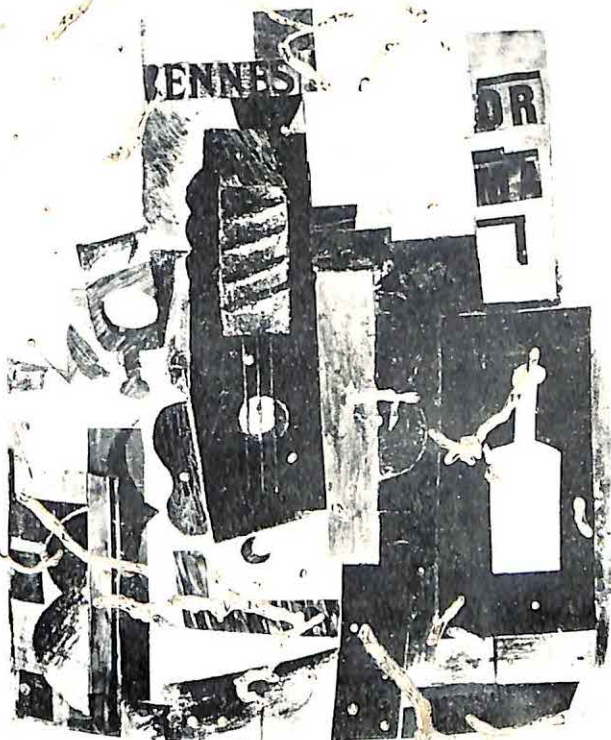


FIG. 16.

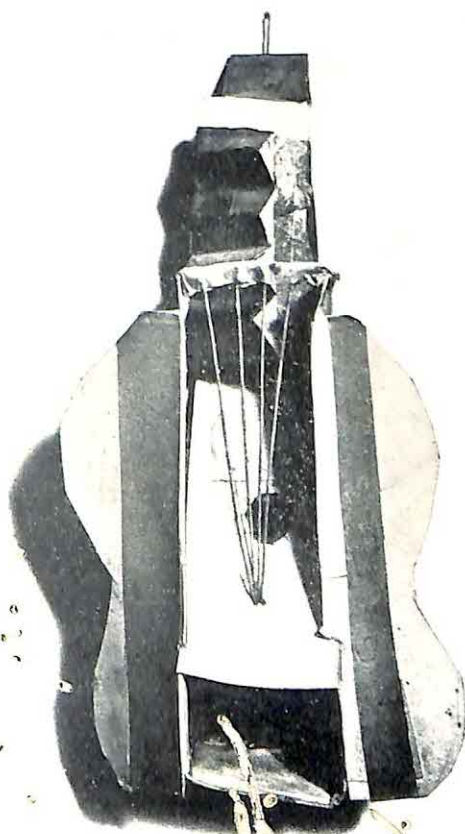


FIG. 17.

Picasso: (14) Carving. (15, 16) Still life paintings. (17) Construction.

stuffed pigeons as hostages to make quite sure his father would come back and fetch him. Before this audience need hardly enlarge further on the symbolic meaning of all these implements of his father's trade. Nor, I suppose, would you consider it far-fetched to imagine that this frantic fear of losing the father screen is an obvious oedipal wish. Small wonder, you may say, that the boy took eagerly to helping his father paint pigeons, that he advertised for these birds in a childish newspaper that happens to be extant, and that his identification with him to excel as an infant prodigy in drawing and earn a prize for academic exercises as a boy of 12. Less wonder even that it was this same boy who, as he grew up, eliminated his father's name Ruiz from his signature, called himself Picasso after his mother, and proceeded to kill his father's academic standards not only in himself but the world over. So far the story looks neat enough. But the aesthetic question is still unanswered. Does this private meaning really glow in the work before you? Could you surmise it from this poster if Sabartés had not obliged us accidentally with this telling episode? Frankly I doubt it. Though the pigeon must be charged and overcharged with meanings and memories for Picasso, though he cannot but have enjoyed this opportunity of doing a pigeon, as his father did, but one that would fly over half the world, I see no evidence that this private meaning reverberates in the particular work, that it is communicated.

Here, of course, would be a field where psycho-analysis could help immensely in clearing up the tangle in which the theory of art as communication has landed us. For if the idea that the private unconscious meaning of a work communicates itself to the unconscious of the public is more than a misunderstanding of psycho-analytic doctrine, then it should be easy to test. All you have to do is to compare the reactions, in analysis, of some of your patients to an identical work of art. If by a happy chance the artist himself were also in analysis it would be even better, but it is not a necessary condition. For if the theory of unconscious communication makes sense, it could be tested through the recipients alone—if they tally there was a communication—just as we can be confident that Egyptologists do read hieroglyphs because, up to a point, they find the same meaning in the same inscriptions. But I think one need only formulate this theory

in such a crude manner to appreciate its shortcomings. The relation between an artist and the world at large—between private and public meaning—are obviously much more complex. Perhaps we can grope our way a little nearer to the true state of affairs if we contrast Picasso's peace dove with an earlier work that helped to make his reputation. I mean the *Demoiselles d'Avignon* of 1907 (Fig. 2). Here, too, we are reasonably well-informed about some of its private significance, its manifest content to the artist. We know at any rate that the title I quoted was given to it by an art dealer. What it really represents is a brothel in the Calle de Avignon near Picasso's home in Barcelona.⁹ Of course this specific significance would also be hidden from us if we did not happen to have this information. But here we have a work of art which, whether we like it or not, met with a tremendous response. It became the starting-point of Cubism, and thus the origin of much that we call Modern Art. How was this possible?

You need only ask this question to see that if it can be answered at all it cannot be answered in terms of Picasso's personal history alone. It acquired this meaning within a different context: the context of the institution we call art. Now for the psychological history of this institution I must refer you back to Ernest Jones' clandestine history of art which I communicated to you at the beginning of this lecture. It is a history, as you remember, not of external accretions, but of a constant extension and modification of symbols. This is particularly true of what we call representation in art. You know how slowly that skill is acquired in history—how it proceeds from the so-called conceptual symbols of child art or primitive art to a slow approximation to what we call appearances. Indeed, all the mechanisms described by Ernest Jones in his paper on the 'Theory of Symbolism' could be illustrated from this history of our peripheral field. The pleasure principle that favours repetition, the recognition of similarities rather than of differences, is exemplified in the representational and ornamental stereotypes of many primitive cultures; the reality principle which proceeds by assimilation of the unknown to the known in the countless instances in which tradition colours perception or expression. Thus it is a familiar fact that the eighteenth century artist who went out to record the beauty of the English country-

⁸ Daniel Schneider *The Psychoanalyst and the* New York: Farrar, Strauss & Co., 1950; pp. 113 ff. and 208 ff., looks at the same material from a

slightly different angle.

⁹ C. Z. Avos, *Pablo Picasso* (Paris: Édition Cahiers d'Art, 1942, Vol. II, 1, p. 10).

side was as likely as not to return from his expedition to the Lakelands with a version of Claude Lorrain's Roman Campagna, just sufficiently modified to pass as a faithful vista of a beauty spot. It is perhaps less familiar but equally true that many a young artist who sets out to record his unconscious images returns from this *descensus ad inferos* with a version of Picasso's penultimate invention just sufficiently modified to pass as self-expression. What matters to us, of course, is not that so much of art or pseudo-art is derivative, but that up to a point all art must be, if Ernest Jones' description applies. It is this fact, I believe, which explains that art has a history, a style, in contrast to perception and to dreaming which have not.¹⁰ And so the fact, for instance, that all eighteenth-century landscapes or twentieth-century dream-paintings have enough in common to allow us art historians to tell, on the whole, where and when they were made, is not due to some mysterious fluid or collective spirit that governs the modes of perception or the images of dreams but rather to the observable fact that symbols developed from a common stock will tend to have a certain family likeness. But I see the *Demoiselles d'Avignon* staring at me fiercely and reproachfully—how did they come to be modified into such a shape? If the genetic approach is right the attempt to answer such a question will always threaten to land us in an infinite regress, or—what is much worse—in an infinite lecture.

I would really have to take you back to Pygmalion, the mythical artist who fashioned the figure of a woman—or rather not a figure, but a woman. For you know from Ernest Jones that in these dim beginnings of art a symbol is not experienced as a symbol. The child's baby doll is not an image of a baby so much as a member of the class 'babies'; provided, that is, that you can do with it what babies are for—hug it, bathe it, and throw it on the floor. Pygmalion's statue, we may surmise, was a woman in the sense in which the doll is a baby—it had sufficient characteristics of her sex to be classable as a woman.¹¹ At least when we enter the light of history we can see that the symbol of a woman

is not created by closely imitating the appearance of the female body but more, less in this pseudo-logical process we call conceptual representation. In this case it is the representational formula for man which is just sufficiently modified to be acceptable as the symbol of a woman. The reason may be that artists both in archaic Greece and in the Middle Ages (which saw a repetition of this process) were men, and that what Schilder calls the 'body image', the awareness of the artist's own body, is always a strong compelling force in early attempts at representation. At any rate you can see in such thirteenth-century figures as the Adam and Eve of Bamberg Cathedral that Eve is just distinguished by an addition of two small symbolic breasts. Even when Botticelli painted his Venus (Fig. 3) he had not yet quite mastered the anatomical problem. One can see from his corrections, his *pentimenti*, which remain visible on the canvas, how he shifted the breast about, and how unsure he was of the relative position of arm, shoulder, and breast. One generation later a Raphael, who had absorbed the representational symbols of classical art, had no such difficulties in the painting of his Galatea (Fig. 4). He can and does visualize the body in the round and represent it in the most complex posture. Now it is well to remember that such a complex image is not only more difficult to paint but also more difficult to read than the more primitive representation of Botticelli.¹² Up to a point we have to work from clues and repeat in our mind the imaginative effort of the artist if we are to build up the figure for ourselves. We have to become Pygmalions to this Galatea. It is true that the artist helps us to find these clues. The very symphony of symmetries he builds up helps us in the process of assimilation, for we need not always start afresh; we are being trained while looking, and we cannot but enjoy these correspondences, these visual rhymes which lead our eye around and make it build and re-build the picture. In front of such a painting we may remember the passage from Dr. Jones about the constant unmasking of previous symbolisms. Looking back from here, Botticelli's Venus must have ap-

¹⁰ cf. H. Hartmann, E. Kris and R. M. Loewenstein, 'Some Psychoanalytic Comments on "Culture and Personality"', in *Psychoanalysis and Culture*, edited by G. F. Wilbur and W. Muensterberger, (New York: International Universities Press, 1951). The interpretation of the relevant data by these authors appears to me more fruitful than the one given by A. Ehrenzweig, *The Psycho-Analysis of Artistic Vision and Hearing*, (London: Routledge & Kegan Paul, 1953). For the methodological aspect of this question cf. K.

R. Popper, 'The Poverty of Historicism', *Economica*, 1944/45; esp. section 26.

¹¹ For this aspect of representation as a creation of 'schekel' cf. my 'Meditations on a Hobby Horse' in *Aspects of Form*, edited by L. L. Whyte (London: Lund Humphries, 1951).

¹² For a test concerning the difficulty of interpreting foreshortened images cf. D. Katz, *Gestalt Psychology* (New York: Donald Press Company, 1950, p. 100).

peared a mere symbol rather than the truth. And yet the same would probably happen to anyone who looked back to Raphael's *Galatea* a generation later, when he had seen Titian's *Europa* (Fig. 5), which is so obviously a challenge to the former. To people who saw the truth revealed by Titian's painting (now at the Gardner Museum in Boston), the play of light, the rush of movement, the tangible body, Raphael's nymph may well have seemed contrived. At the same time you see how Titian can rely on a public ready to make even more difficult adjustments. No longer need he rely on overt symmetries. Or look at the arm with its shadow across the foreshortened face. What demands it makes on our imagination! The degree to which Titian can rely on suggestion—on the trained connoisseur meeting him half-way—is particularly revealed in the miraculous landscape of the background with its cloudy forms into which we must—and can—project the figures of *Europa's* companions rushing to the beach.

Let me pause for a moment to recapitulate what we have observed. In the eighty years between Botticelli and Titian there is clearly an enormous increase in skill; in skill not only of representation but in making sense of representational symbols. This duality, this interplay between the artist and the beholder, is a factor which is often overlooked. We owe its theoretical formulation from the point of view of psycho-analysis to Ernst Kris, who is my guide and mentor in these things. It was Kris who first emphasized that the emergence of what might be called the aesthetic attitude to painting—in distinction, that is, from the ritualistic attitude—brings about a new type of reaction, or, as he puts it, of discharge. The connoisseur wants to identify himself with the artist; he must be drawn into the charmed circle and share in his secret. He, too, must become creative under the artist's guidance.¹³

To us historians this psycho-analytic insight is so valuable because without it such rapid developments as the one I described would be inexplicable. Here, as often, a somewhat deeper psychological analysis of what actually takes place has shattered more facile generalizations. The development of style, of modes of representation, is too often treated as the result of organic growth, of real evolution. At the very time

that Titian painted, Vasari thought he had discovered the secret of the history of Art. Art grew up like a human being, there was an organic development from childish beginnings to mastery. The conclusion looked only too plausible that art in its turn was just a symptom of a general maturation process—that people who drew like children had a more childish mind. We now see, perhaps, why this plausible view is so superficial. Mature art can only grow within the Institution, as I call it—within the social context of the aesthetic attitude. Where this breaks down, representation must soon revert to the more primitive, more readable conceptual image. We can test this theory not only through an analysis of the decline of Western Art in late antiquity, but more strikingly perhaps, by comparing the Venice of Titian with the London of Shakespeare. Nobody would seriously contend, I believe, that the mind of Shakespeare's audience was necessarily more primitive than that of Titian's public. In fact, Shakespeare even provides the proof that the thrills of visual projection were familiar to his audience; think of Hamlet and Polonius talking about the cloud that is shaped like a camel, or of the grandiose image of the changing shape of clouds in *Antony and Cleopatra*. But through lack of opportunity Elizabethans could neither paint nor read such complex pictures. Compared with the miracles of Titian, their portraits look like stuffed dummies.

It cannot have escaped you that within the sphere of painting the aesthetic relationship brings about a greater freedom. This *Europa*, painted for Philip II of Spain, is of course more frankly erotic than anything that went before. But the erotic content is neither concealed nor obtruded. It is absorbed, as it were, in that aesthetic process of re-creation, of give and take. We can guess that an increase in such active participation, in projective activity, may be accompanied by an easing of conventional taboos. Even the most Christian King could look at such a masterpiece of the brush without guilt feeling, for who could deny that here was art at its highest?

This observation of the compensatory nature of aesthetic satisfaction was also suggested to me by the work on the history of caricature I was privileged to undertake with Ernst Kris.¹⁴ For this in a nutshell is really the result at which we

¹³ E. Kris, *Psychoanalytic Explorations in Art* (New York: International Universities Press, 1952, p. 56). And the same, 'Psychoanalysis and the Study of Creative Imagination', *Bulletin of the New York*

Academy of Medicine, April 1953, second series, Vol. 29, No. 4, esp. p. 348.

¹⁴ Now reprinted in E. Kris, *Psychoanalytic Explorations in Art*, op. cit.

arrived by more circuitous paths: Portrait caricature appeared so late in the history of art because of the aggressive component that underlies the distortion of a physiognomy. It could only become acceptable as an art through the premium of the aesthetic achievement, the sophisticated game of creating an intentionally dissimilar likeness. This game, in turn, presupposes the trained response of the connoisseur, who repeats the artist's imaginative performance in his own mind. Basically we have, of course, the same mechanism as the one Freud discovered in wit. But visual wit is apparently harder to learn and to appreciate than the verbal anecdote. And so it needed not the evolution of mankind but the development of visual evocation in Italian art to come to fruition.

These examples suggest that there is something like a necessary balance between what one might call aesthetic activity and regressive pleasure which would have important consequences for the interpretation of stylistic changes. For if this theory is right the absence of such balance will result in aesthetic discomfort. I must apologize if I proceed to test this theory on you, but I see no other way of bringing home to you the truth of this psychological observation. This is a nineteenth-century treatment of our theme of Venus rising from the sea—by that most successful of masters of French nineteenth-century *Art Officiel* Bouguereau (Fig. 6). Let us admit right away that Bouguereau has made further progress in the direction of representational accuracy—beyond Raphael, whom he exploits, and beyond Titian. Aided by the successive conquests of appearance made during two centuries and by the mechanical device of photography, he places before us a most convincing image of a nude model. Why, then, does it make us rather sick? I think the reason is obvious. This is a pin-up girl rather than a work of art. By this we mean that the erotic appeal is on the

surface—is not compensated for by his sharing in the artist's imaginative process. The image is painfully easy to read, and we resent being taken for such simpletons. We feel somewhat insulted that we are expected to fall for such cheap bait—good enough, perhaps, to attract the vulgar, but not such sophisticated sharers in the artist's secrets as we pride ourselves on being. But this resentment, I submit, only screens a deeper disturbance; we could hardly feel so ill at ease if we did not have to put up a certain amount of resistance against the methods of seduction practised on us. And so it is small wonder that works of this kind coincided with a retrograde movement of taste; the sophisticated looked out for more difficult gratifications and found them in the cult of the primitive. For the refined connoisseurs of Bouguereau's age it is Botticelli's Venus which becomes the haunting image of chaste and childlike appeal. Its very awkwardness in construction endeared it to the art lover, who wanted to make his own discoveries, his own conquests, rather than to yield to seduction.¹⁵

Perhaps this is the moment to remind you of another of Ernest Jones' papers on art: I mean the essay he published exactly forty years ago about 'The Influence of Andrea del Sarto's Wife on his Art'.¹⁶ It is not the historical problem that concerns me. I do not want to yield to the temptation of writing a del Sarto Resartus and of risking the name of a Teufelsdröckh. If the biographical facts Vasari tells us about the artist are correct—and that is always a big 'if'¹⁷—Dr. Jones' diagnosis of a case of suppressed homosexuality will certainly stand, and the passivity it implies is obviously suggestive in our context. But what attracted Dr. Jones in his essay was the problem of the artist whose very virtuosity seems something of a handicap. Again I resist the temptation of discussing whether we still see Andrea in that light. For what matters to us is

¹⁵ cf. L. Rosenthal, *Sandro Botticelli et sa réputation à l'heure présente* (Dijon, 1897), and my article, 'Botticelli's Mythologies', *Journal of the Warburg and Courtauld Institutes*, VIII, 1945, esp. p. 11 note.

¹⁶ *Essays in Applied Psycho-Analysis*, *op. cit.*, I, pp. 22 ff.

¹⁷ Dr. Jones was, of course, aware of the fact that Andrea's near-contemporary biographer is not always a reliable witness, but it is only in the last few decades that we have learned to see the purpose and degree of Vasari's distortions. Briefly, his book must be read as a series of inspiring examples and cautionary tales for young artists. Within this moralizing weakling who does not get anywhere despite his undoubted gifts. He must have had character-traits that

lent themselves to such interpretation, but it is likely that Vasari fastened on them for two reasons: first, because he knew Andrea to have left the service of the French king, quite an unforgivable act in the eyes of the courtier Vasari; and secondly, because of his unwillingness to jump on the bandwagon of Michelangelo's followers, an equally serious blunder to his arch-mannerist biographer. If we add to this that Vasari may well have been possessed by del Sarto's wife (as apprentices were apt to be bossed in those days) when he stayed in the master's house as a poor and rootless beginner, the personal motives which guided his literary revenge become only too apparent. How far this account, in its turn, then prejudiced an objective appreciation of del Sarto's art is hardly a place to discuss.

that such perfection was not only possible but widespread among the nineteenth-century critics whose verdict forms the starting point for Dr. Jones' study. I believe it was Robert Browning above all who reinterpreted Vasari's estimate and created the moving image of Andrea del Sarto, called the faultless painter—the artist who suffers from too much facility.

At any rate, 'tis easy, all of it!

No sketches first, no studies, that's long past!

'I do what many dream of, all their lives,

—Dream? strive to do, and agonize to do,

And fail in doing . . .

Well, less is more, Lucrezia . . .

And then comes the moment when he takes the charcoal to show that he could easily correct a false drawn arm of Raphael's; but still, with all its faults—or should I say because of its faults?—Raphael's is the greater work. This, I dare say, is an idea that could never have entered the mind of Vasari or, for that matter, of the historical Andrea. The fault of faultlessness is a discovery of the nineteenth century.¹⁸ And I think that the question it raises—the question What is wrong with perfection?—has a greater chance of being answered by psycho-analytic thought than the sonorous tautologies often produced by academic aesthetics in answer to the question of what is right with perfection. Why do we really abuse the masterpieces of Bouguereau and his school as slick and perhaps revolting? I suspect that when we call such pictures as his soulful *Seur Cadet* insincere, for instance, or untruthful, we are talking nonsense. We screen behind a moral judgement which is quite inapplicable. After all, there are pretty children in the world, and even if there weren't the charge would not apply to painting. But this does not mean that our own reaction is not genuine. We do tend to find such things syrupy, saccharine, cloying. With these terms of abuse we are on firmer ground. They describe by synaesthetic metaphor our reaction to a surfeit of oral gratifications.

Now it is my conviction, which I should like to submit to you, that the importance of oral gratification as a genetic model for aesthetic pleasure is a subject that would reward closer investigation. After all, food is the first thing on which we train our critical faculties from the

moment of birth. The very word taste we use to describe a person's aesthetic responses points to this model. But so strong is the Platonic prejudice in favour of the spiritual senses, the eye and the ear, that a blanket of social disapproval seems still to cover such animal gratification as eating and drinking. Psycho-analysis cannot be accused of that prejudice, but here the insistence on art as communication and on the model of the dream seems to have worked as a deterrent to investigators. I do not know whether a good cook communicates something through the sauce he makes or invents, but I do think that such an invention need not be all that far removed from aesthetic creativity as we are sometimes told. The French, who know most about such things, call an artist's manipulation of paint his 'cuisine', and indeed certain paintings are really meant for the dining room—a feast to the eye. I hope you need not be reassured that I do not think that that is all there is to painting. Botticelli's *Venus*, or a self-portrait by Rembrandt, clearly have other dimensions of meaning and embody different values¹⁹—but when we speak of the problem of correct balance between too much and too little we do well to remember cookery. For it is here that we learn first that too much of a good thing is repellent. Too much fat, too much sweetness, too much softness—all the qualities, that is, that have an immediate biological appeal—also produce these reaction formations which originally serve as a warning signal to the human animal not to over-indulge. I suppose it could be shown that this warning signal easily shifts from a biological to a psychological plane. I mean that we also develop it as a defence mechanism against attempts to seduce us. We find repellent what yields too obvious, too childish gratification. It invites to regression and we feel not secure enough to yield.

I am afraid I cannot cite much evidence, for if there is psycho-analytical literature about this particular aspect I have failed to spot it; but my impression is that such reaction increases with increasing age and civilization. The child is proverbially fond of sweets and toffees, and so is the primitive, with his Turkish delight and an amount of fat meat that turns a European stomach. We prefer something less obvious, less yielding. My guess is, for instance, that small

¹⁸ This is not to imply that it has no roots in traditional aesthetics. For those who are interested in these roots Longinus' comparison between the faultlessly fluent Hyperæus and the rugged grandeur of Demosthenes (*On the Sublime*, XXXIV) may be relevant.

¹⁹ For Botticelli cf. my article quoted above and 'Icones Symbolicae, The Visual Image in Neo-Platonic Thought', *Journal of the Warburg and Courtauld Institutes*, XI, 1948.

children and unsophisticated grown-ups will be likely to enjoy a soft milk chocolate, while townified highbrows will find it cloying and seek escape in the more bitter tang or in an admixture of coffee or preferably of crunchy nuts.

Now for the wider psychological interpretation of this distinction between the soft and the crunchy I can quote psycho-analytic authority. Edward Glover, in his study on 'The Significance of the Mouth in Psycho-Analysis',²⁰ describes in a masterly fashion how these types of gratification penetrate, as he says,

'every nook and corner of our daily life. All gratifications'—he says—'are capable of distinction in accordance with the satisfaction of active or passive aims. They stamp respectively the biter or the sucker. Study the mouthpiece of pipes, the stub ends of pencils, offer your friends chocolate caramels, ask them if they like new bread or stale . . . observe the degree of partial incorporation of the soup spoon, the preference . . . for cutlet and sauté or sausages and mashed potatoes, and in a few minutes you will be able to hazard a guess as to the instinct modifications after birth which may require the deepest analysis to bring home to the individual . . .'

As you see, Dr. Glover is here concerned with the diagnostic value of taste, not with its aesthetic dynamics. And yet his analysis has an important bearing on our argument. It links up the idea of the soft and yielding with passivity, of the hard and crunchy with activity. It confirms that what makes us sick in art is an insinuation of passivity which is increasingly resented the higher the brow. For in a way the highbrow, the sophisticated, the critic is a frustrated artist, and if he cannot satisfy his standards by creating, he wants at least to project; this is a craving, it seems, that easily increases with its satisfaction. How much of it is due to narcissism, the need to be able to enjoy what is inscrutable to the rest, it would be interesting to know. But one thing is important here. The enjoyment itself is not merely pretended. It is as genuine as the revulsion from the cheap and vulgar. I should ask your permission to support this contention with another little experiment *ad hominem*. Again, I must beg your forgiveness for inflicting yet another work of Official Art on you. This atrocity is a painting of the Three Graces by Bonnencontre (Fig. 7).²¹ I will spare you an analysis of

all that makes it odious. Let us rather see whether we can perhaps improve the sloppy mush by adding a few crunchy breadcrumbs. This is the photograph of the same picture seen through a wobbly glass (Fig. 8). You will agree that it looks a little more respectable. We have to become a little more active in reconstituting the image, and we are less disgusted. This second image (Fig. 9) shows the same painting seen at a greater distance through the same glass. By now, I think, it deserves the epithet 'interesting'. Our own effort to reintegrate what has been wrenched apart makes us project a certain vigour into the image which makes it quite crunchy. I'd like to patent that invention, for it has great economic potentialities. In future, when you find a picture in your attic of 'The Monarch of the Glen' or of 'Innocence in Danger', you need not throw it away or give it to the charwoman. You can put it behind a wobbly glass and make it respectable.²²

For you must have noticed that this artificial blurring repeats in a rather surprising way the course that painting actually took when the wave of revolt from the Bouguereau phase spread through the art world. Let me just remind you of this mounting crescendo in a few pictures. This Renoir reminds us of the blurring achieved by Impressionism which demands the well-known trained response—you are expected to step back and to see the dabs and patches fall into their place. And then Cézanne, with whom activity is stimulated to even greater efforts, as we are called upon to repeat the artist's strivings to reconcile the demands of representation with obedience to an overriding pattern. It is just because this reconciliation is never complete—because we are constantly brought up against tensions and barbs, as it were, which prevent our eyes from running along smooth lines—that to us Cézanne can never be boring.

But let us not, in pursuance of this one line, forget our formula. The increase in activity permits regression elsewhere. Something like this process of compensation must also find its place in our oral model. The biter who finds the pleasures of passivity barred to him finds his compensation in the indulgence of aggressive impulses. Such a compensation, a redistribution of psychological gratifications, must also take place during the post-Bouguereau period. In a way, I was really

²⁰ *British Journal of Medical Psychology*, IV, 1924.

²¹ The example is taken from F. Jourdain, 'L'Art Officiel', *Le Point* (Revue artistique), VII.

²² I wish to thank Mr. Otto Fein of the Warburg

Institute who applied his unfailing photographic skill to my problem and produced a series of photographs of which Figs. 8 and 9 are examples.

over-simplifying when I said, that the crudities of *Art Officiel* demand no activity from the beholder. They appeal to him to complete the anecdote, to dream up what happened before and what will come after, as in this painting by Kaulbach called 'Before the Catastrophe'. I'd like to know why this simple pleasure has also become taboo to the highbrow; why his aesthetic super-ego pulls him up not to be childish and to attend to the form—to turn, as it were, from a thematic apperception test to a Rorschach. One could learn a lot in studying such prohibitions. At any rate, Impressionism succeeded in excluding literary association and in confining the give and take to the reading of the scrambled colour-patches. But in return for this effort of shared activity, it yields a wonderful premium of regressive pleasure. For the first time in several centuries the public were allowed to see real splashes of loud, bright, luminous colours which had been banned as too crude and primitive by Academic convention. When we speak of the derision encountered by the first impressionist pictures, do not let us forget how quickly the method triumphed and made all earlier paintings look like 'mere symbols'.²³ Impressionism stands on the watershed between two modes of satisfaction. It can be seen as the summit of the process that leads the pictorial symbol ever closer to be matched with appearances, and as the beginning of openly regressive art, of primitivism. Within the complexities of Cézanne, standards of representational accuracy that had been the norm for centuries could be relaxed; van Gogh and Gauguin forsook them altogether for the sake of an imagery crudely and aggressively regressive. And so at last we are back at the situation within which alone Picasso's *Demoiselles d'Avignon* can be understood.

You remember that Picasso was an infant prodigy, and remained a virtuoso of the easy hand who could outdo his father any time. By

1905 he had developed a distinctive manner of his own, in which he combined a note of social compassion with a predilection for wan, somewhat pre-Raphaelite figures (Fig. 10). There is a touch of fin de siècle in these tender mothers and strolling acrobats who so appealed to the imagination of Rilke. And yet one can imagine that the ease with which these insinuating figures came to him must have made the young artist feel a little like Browning's or Ernest Jones' Andrea del Sarto. Imagine the impact on such a nature, first of the Exhibition of the Fauves in 1905, and then of the great show of Cézanne arranged after the master's death in 1907.²⁴ Like Browning's Andrea, who observes the fault in Raphael's arm, it must have brought home to him that less is more, that the striving and agonizing of Cézanne stood higher than his somewhat fatal ease. What would a gifted and ambitious artist do? He would apply the wobbly glass, but go even further in that direction than Cézanne or the Fauves had ever done. Somewhat like this (Fig. 9)—or rather like this (Fig. 2).

Now psychologically the interesting thing is not that he did what was more or less in the logic of the situation,²⁵ but how hard he had to struggle to get away from skill and sentiment and meet the demand for more activity and more regression. There is evidence in the sketches that when he first planned the brothel picture it was to have fallen into the category of that compassionate genre Picasso had developed. The artist says at any rate some 30 years later that the man who enters what an American catalogue calls 'a scene of carnal pleasure' was to have carried a skull.²⁶ Picasso had doodled erotica before,²⁷ and maybe his decision to choose such a subject for a monumental canvas was part of his desire for stronger meat—but he still sought contact with tradition. For the moralizing accent reminds us of the Temptation of St. Anthony, which Cézanne had painted several times and

²³ Even J. Rewald's *History of Impressionism* (New York: Museum of Modern Art, 1946), the standard work on the movement, to which all histories of modern art will remain indebted, should not be read uncritically by those who are interested in the psychological implications of this story. The Romantic image of the lonely artist facing a hostile world had taken such deep roots in the nineteenth century that success smacked of compromise and threatened a painter's self-respect. E. Kris (*Psychoanalytic Explorations in Art*, *op. cit.*, chapter 7) has shown how hard it is in such cases to disentangle myth from reality. But even where hostility was genuinely widespread (and not overdramatized by the artists and their friends) a psychological analysis of such situations will fail as long as we see it exclusively in terms of 'progress' versus primitives. For resistance is not only

due to the lazy attitude of those who shun a greater effort (though this, too, plays its part) but also to what might be called the regressive component which seems to threaten the inner security of those not ready to yield. I have attempted to discuss some of the 'moral' aspects of this question in a paper on 'Visual Metaphors of Value in Art' in *Symbols and Values: An Initial Study*, Thirteenth Symposium of the Conference on Science, Philosophy and Religion. Ed. L. Bryson and others. (New York: Harper and Brothers, 1954.)

²⁴ cf. A. H. Barr Jr., *Picasso* (New York: Museum of Modern Art, 1939).

²⁵ For the concept of the 'logic of the situation' cf. K. R. Popper, *op. cit.*, section 31.

²⁶ cf. A. H. Barr Jr., *op. cit.*

²⁷ e.g. Cervos, *op. cit.*, Vol. I, pl. 70.

which Picasso may have known.²⁸ The early sketches for the individual women fit this interpretation (Fig. 11). To Picasso, as to many writers of the time, the prostitute symbolized the victim of society, and he endows them with a wistful beauty. It is dramatic to see how he struggles against this pull to paint one more image of graceful outcasts; how he eliminates all trace of the anecdote and sets out to create something more passionate, more savage. And it is important to note that these symbols do not rise spontaneously from his own mind, but can only become articulate through contact with things seen. Sophisticated taste among the Fauves had discovered the enigmatic force of primitive art as seen through Western eyes. And so it is to Negro masks (Fig. 12) and African fetishes (Fig. 13) that he turns. But even in this guise there was still some sentiment. If I am right in my interpretation, it is not before he abandons for a time his own medium, which had become so fatally easy for him, not before he takes to carving where he can exploit his lack of skill (Fig. 14) that he can find the way to the regressive forms from which all trace of Bouguereau had been expelled and which therefore made such an impression on his time.²⁹

And now he pours into these regressive forms all the aggression and savagery that was pent up in him. The great smashing begins. He invents the game of Cubism, the art of representing Humpty Dumpty after the fall. In these pictures primitive representational cues turn up, but only to tease and misdirect us—we try to integrate the guitar (Fig. 15) as we integrated Galatea or Europa, but find that we are everywhere brought up against a contradiction, till our mind is set in motion like a squirrel in the cage. But look at the premium of regression that is offered us if we let ourselves be whirled by the merry-go-round. In the dizzy chase after Humpty Dumpty the primary process comes into full play—anything is possible in this crazy world—is not this guitar with its curves and its hollow body (Fig. 17) also a symbol of the female body? And this primitive picture of a bottle beside another guitar (Fig. 16)—is it not also a phallus?

²⁸ L. Venturi, *Cézanne* (Paris: Paul Rosenberg, 1936, Nos. 103, 240, 241, 880, 1214). One of these versions was apparently in the possession of Mr. Kahnweiler, Picasso's dealer.

²⁹ How hard it was for Picasso to achieve this regression also appears from the report, quoted by D. Schneider, *op. cit.*, p. 223, that the artist is said to have taken hashish at the time 'to induce a primitive mood'. The element of aggressive caricature, also referred to by the author, fits into the picture.

Perhaps. Though I readily confess that I put this suggestion to you rather as a premium for all the activity to which I have compelled you. For now, of course, I have nearly done. For, if I am right, the point about such paintings is not that their creator, like all of us, has an unconscious in which these archaic modes of symbolization live on; nor even that like all of us he partakes in his mind of the qualities of Oedipus, Pygmalion, and perhaps of Bluebeard. The point is that thanks to his special conflict situation and his special gifts these perennial private meanings found a specific echo in the situation of art.³⁰ It is the style, the trend, the demand of the public that creates the sounding board, that makes the particular expression reverberate, and in this reverberation the private meaning is all but swallowed up. What is being shared is not specific contents but what you call dynamic processes, and so we should perhaps not speak of communication but of resonance.

I am afraid I cannot yet quite leave off without showing at least that I do not want to run away from the question that must have obtruded itself on you. If we refuse Bonnencontre our resonance because his paintings are too mushy, does this imply that a Cubist picture that appeals to us for being gritty is therefore good art? I am sure things are not as simple as that. In a way every taste and style can become the instrument of a great artist—though some may be better instruments than others. But while I think that taste may be accessible to psychological analysis, art is possibly not. I am conscious of having oversimplified those shifting urges, the psychological pulls and counterpulls that result in changes of taste and style within the context of civilization;³¹ but though a fuller analysis would certainly have to take account of more elements, I do think that such redistributions in the balance of gratification are neither quite so complex nor quite so significant as stylistic movements are sometimes made out to be. For when all is said and done they concern acquired taste, the most malleable part of human nature; the one most easily affected by social pressures and not, as it is sometimes claimed, the innermost soul of

³⁰ For a most illuminating discussion of the complex relationship between private meaning and public response cf. the interpretation of F. X. Messerschmidt's busts of character types, by E. Kris, reprinted in *Psychoanalytic Explorations in Art*, *op. cit.*

³¹ cf. my paper on 'Visual Metaphors of Value in Art', *op. cit.*, which supplements the present paper in certain respects while it may be superseded by it in others.

what is called 'an age'. But though I am convinced that art can only become articulate through the symbols presented to the artist by the age, the real work of art clearly achieves more than the satisfaction of a few analysable cravings. Instead of a fairly simple parallelogram of psychological forces we are here confronted with the highest type of organization of countless pulls and counterpulls on a hierarchy of levels that would baffle analysis even if we had greater insight into the kind of elements used. Every square inch of any painting in any style may testify to a yielding to regressive impulses in the colour employed and to a domination of such impulse in the disciplined brushwork that husbands its force for the climax.

There is a dark
Inscrutable workmanship that reconciles
Discordant elements, makes them cling together
In one society...

Psycho-analytic terminology allows us per-

haps at least to discuss these elements, and to indicate the centre of what Wordsworth more beautifully describes as 'a dark, inscrutable workmanship'. It is the ego that acquires the capacity to transmute and canalize the impulses from the id, and to unite them in these multi-form crystals of miraculous complexity we call works of art. They are symbols, not symptoms, of such control. It is *our* ego which, in resonance, receives from these configurations the certainty that the resolution of conflict, the achievement of freedom without threat to our inner security, is not wholly beyond the grasp of the aspiring human mind. But, when I come to think of it, I'd like to shirk the question after all, whether the picture on the screen holds all its elements in such a miraculous and reassuring balance. For to answer this question—let it be said in all humility—Psycho-analysis is not really competent; but neither is the History of Art.

VOTE OF THANKS FOR PROFESSOR GOMBRICH'S ERNEST JONES LECTURE

By MARION MILNER, LONDON

I would like to introduce my comments on Professor Gombrich's lecture by referring to a paper of his entitled 'Meditations on a Hobby Horse or the Roots of Artistic Form'.¹ There he discusses, in terms of the hobby horse, the real nature of images, and the misunderstanding about them in theories of art. He insists that before they come to be looked upon as referring to something else they exist in their own right; in fact that substitution precedes portrayal and creation precedes communication. This contention forms the basis of his argument that art is not primarily communication but primarily creation. He goes on to make a link, on the one hand, with the dummy that biologists use in their experiments with animals, and, on the other, with the child's cuddly toy (which Dr. Winnicott² has called the transitional object). Both these are substitutes; I find that Professor Gombrich's way of describing both the history of art and the history of civilization as the find-

ing or creating of substitutes, sheds much light on psycho-analytic theories of art. In his lecture to-day he has made several references to the unmasking of symbols, but only implicit reference to the creating of symbols. It seems to me that a strong case could be made out (which Professor Gombrich almost made) for seeing the basic function of a work of art, not as communication (though it can serve as that), not as reparation (though it can stand for that), not as giving reassurance that there is a sphere in which conflict can be solved (though it does do that); but as having to do essentially with the very basis of our interest in anything beyond the primary objects or instincts. In fact, it not only uses symbols, it creates symbols. By means of its subtle fusion of form and content, feeling and idea, it reveals the familiar in the unfamiliar, and so brings about that extension and transference of interest which Ernest Jones describes as the basis of civilization.

¹ *Aspects of Form*, ed. L. L. Whyte. (London: Lund Humphries, 1951.)

² D. W. Winnicott, 'Transitional Objects and Transitional Phenomena'. *Int. J. Psycho-Anal.*, Vol. 34, pt. 2, 1953.

REGULATORY DEVICES OF THE EGO UNDER MAJOR STRESS¹

By KARL MENNINGER, M.D., TOPEKA, KANSAS

The general point of view taken is that all clinical phenomena may be advantageously viewed as belonging within a continuum between the state of adjustment which we call health and an ultimate state of disintegration or extreme 'illness'. This would tend to dispense with the controversial and essentially useless traditional designations of nervousness, neurasthenia, neurosis, psychasthenia, psychosis, etc., and would bring into some systematic organization our dynamic concepts of 'defence measures', reactions, etc., for use in clinical psychiatry.

One can view the functions of the ego in dealing with external and internal stimuli as those of a homeostatic regulator. The drives of the organism must be so directed and modified, in view of the superego system and the reality system, as to permit the maintenance of a level of tension which is tolerable, productive, maximally satisfying, and consistent with growth. Events persistently occur which tend to disturb the adjustments and reconciliations achieved, and these stresses require the ego to improvise adaptive expedients for maintaining the integrity of the organism. Minor stresses are usually handled by relatively minor, 'normal', 'healthy' devices. Greater stresses or prolonged stress excite the ego to increasingly energetic and expensive activity in the interests of homeostatic maintenance.

One of the first evidences of failure of the 'normal' devices of the ego for handling emergencies is the development or persistence of *stress awareness*. The subject is conscious of discomfort in connection with efforts at concentration or self-control. Aware of this, he consciously exerts an extra measure of 'will power' in the mastery or concealment of these phenomena. Perhaps we should think of this *hyper-*

suppression as the most nearly normal of any of the secondary defences.

Less uncomfortable because unconscious is the greatly increased use of *repression*. Externally this appears as restriction and increased inhibition.

Another well-known representative of this order of emergency-coping devices is the increase of alertness, irritability, distractibility, 'tenseness', flushing, sweating, and 'nervousness' so typical of the initial phases of acute mental illness. (To call this 'anxiety' is to confuse the meaning of the term.) It is often most uncomfortable in its effect upon the sleep habits of the individual. This *hyper-alertness* represents a protective vigilance. Almost inseparable from hyper-alertness are *hyper-emotionalism* and *hyper-kinesis*. The exaggerated use of crying and/or of laughing is one form; but increased 'sensitiveness', touchiness, and irascibility to the point of rage attacks are also of this order. Other excesses of emotion are also familiar, particularly fearsomeness and depression. The latter may represent 'mourning' for a real or anticipated loss of love, or it may be a consequence of some special and excessive *introjection*.

Depression tends to retard the hyperkinetic phenomena which otherwise appear characteristically in association with hyper-alertness and hyper-emotionalism. The hyperkinesis may be somewhat directed, as in the normal 'acting out'. But it is now much more likely to appear as insufficient, impulsive or compulsive (see below) pointless muscular activity. Beginning with restlessness, jumpiness, and other phenomena often considered quasi-normal, it reaches extremes of various kinds of over-activity and distorted activity. The hostile impulses seem sometimes to be deflected to substitute persons

¹ I acknowledge with gratitude the assistance of my associate, Dr. Martin Mayman (K.M.). The complete version of this presentation was published under the title 'Psychological Aspects of the Organism under Stress', Part I; 'The Homeostatic Regulatory Function of the Ego', Part II; 'Regulatory Devices

of the Ego under Stress' in the *Journal of the American Psychoanalytic Association*, 2, 1954, No. 1, 67-106; No. 2, 280-310. I have ventured to submit here, at the request of the editor, a condensation of the clinical application of these theories presented before the 18th Int. Congress in London on 28 July, 1953.

or inanimate objects, sometimes to no particular object (or end) at all.

Instead of acting it out with one's muscles, however, the individual may make persistent attempts to think it out, to worry it through, with distorted emphases in mild '*obsessional*' thinking or 'worrying'. Excessive talking is a combination of hyperkinesis and hyperintellection.

Excessive fantasy formation is a common first order device, which belongs properly in the broader category of the over-use of compensatory measures. When it replaces necessary reality thinking or effective acting, it is pathological. Hypercompensation is also accomplished, however, in numerous other ways, particularly by elaborate *redaction formations* (reversing the effect of the aggressive wish) and *ad hoc identifications* (e.g. with the enemy).

Somatic reactions characteristic of 'anxiety' probably serve the same purpose as the psychological devices described; namely, that of relieving tension. The patient rarely experiences them as other than uncomfortable, and would be loath to accept the proposition that they relieve him. Indeed, they may constitute his chief complaint. They vary greatly in form, intensity, frequency of recurrence, or degree of constancy in different individuals. Tremor, flushing, palpitation, 'weak' feelings, giddiness, anorexia, tachycardia, nausea, enuresis, diarrhea, and other evidences of sympathetic nervous system liability and excitation are the more frequent. To this should be added various *quantitative and qualitative disturbances in the sexual function*.

To recapitulate, regulatory devices of a first order or degree of pathological nature may be employed by the ego in situations which overtax the ordinary or normal devices. These consist essentially in exaggerations of normal functions, but they now appear uncomfortably and unpleasantly. They are apt to be described as evidences of 'nervousness'. The more familiar ones are:

- Hyper-suppression
- Hyper-repression
- Hyper-alertness
- Hyper-emotionalism
- Hyper-kinesis
- Hyper-intellection, including mild obsessional thinking
- Hyper-compensation
- Minor somatic dysfunctions.
- The emergency measures just described,

although purposeful, may become more troublesome than the original disturbance or danger by which they were aroused, just as the swelling from a bee sting near the eye may obscure the vision and cause other difficulties more serious than the irritant. They always represent a drain on the energies of the individual, and reduce his efficiency and satisfactions. They are apt, therefore, to become an expensive nuisance, causing fatigue, discomfort, and even pain. The ego institutes them as protective necessities, but the total individual is affected by them unpleasantly, and often tends to regard himself as their victim rather than as their beneficiary.

But whether it be called illness, or nervousness, or by some more euphemistic name, the utilization of these devices of a first degree of emergency and pathology is (nearly always) a transient—at least an unstable—phase. The tendency is toward subsidence; presumably the irritation is removed, the occasion for alarm passes, the aroused aggressions are mastered or channelled or dissipated. The need for the emergency devices disappears, and likewise the devices. The patient 'recovers', the 'illness' terminates.

But not always. The situation may not be altered (or even alterable). The satisfactory rearrangement of energy investments may not be immediately possible. And just as Selye, in his account of *physiological* adaptation to stress, describes how the resistance reactions of the body to alarm become exhausted in time, so the intensification of psychological defences may be described as having a tendency toward exhaustion. In spite of them, the tension rises.

Something further *must* be done by the ego. What does it do?

There seems to be a limit to the utilization of First Order devices, beyond which *qualitative* rather than merely *quantitative* alterations are necessary. These are in the nature of strategic retreats,² with compensating features. The ego system, burdened beyond the Plimsoll mark, capitulates to the necessity of an altered (lowered) level of homeostatic balance, and effects it by a *Second Order* of regulating devices characterized by *partial detachment from the world of reality*—from loved objects, feared objects, and hated objects. Real objects of cathexis are abandoned in favour of substitutions which may have a flavour or façade of 'reality', but which yield a gratification only *dereistically*.

² The term 'regression' is sometimes applied, rather confusingly, I think.

This partial withdrawal from reality is not affected for the sake of getting out of harm's way—for that would be a realistic withdrawal. This is the withdrawal for the sake of the ego—i.e., to diminish the tension resulting from excessive internal pressures.

Simple withdrawal by dissociation is accomplished by or reflected in a variety of internal modifications of consciousness and of the mnemonic such as ('hysterical') fainting, amnesic periods and amnesic states. Presumably the withdrawal here goes far, for the whole world is temporarily forgotten—but it all returns rather promptly. What unconscious *phantasies* occupied the internal screen we can rarely discover. These are 'acted out' in the more complicated phenomena of 'dual personalities', and fugues.

Less dramatic, less extreme, but far more frequent are those *formes frustes* in which there is to be seen only social shyness or avoidance or gaucherie, while subjectively there is a sense of strangeness, of unreality, or even of depersonalization. (Oberndorf, Federn, etc.) Since these are subjective phenomena, they may be long concealed.³

However widespread such withdrawal and dissociation may be, it is clinically important (at present) chiefly when it is uncomfortable. For this discomfort itself indicates that a tolerable equilibrium has not been established; the device (withdrawal) has bettered things, but has added another burden from the diminished object attachment (positive and negative). The ego, like Nature, abhors a vacuum! Thus the world of reality is subjectively re-created, modified to fit the needs of the beleaguered ego. New objects in the outside world are substituted for those with which the ego felt unable to cope because of the uncontrollable impulses excited by them. This device of *displacement*, which Freud so brilliantly re-discovered clinically, is as old as the race, as old as dolls and idols and scapegoats. To what extent it pervades all our thinking can only be conjectured. For, indeed, what are prejudices, extreme aversions, and fanatical attitudes *pro* or *con* but the substitution of something symbolic for the truly feared or hated or loved object?

We know more about this device, thanks to

Freud, as it appears in obsessional and phobic states than we know about it in crusaders and class-haters. We know that even phobias may be converted into or replaced by a reversal, i.e., a pathological (ungenuine) boldness and intrepidity with particular respect to the thing feared. Anna Freud has elaborated this 'counter-phobic' phenomenon.

Corresponding to its displacement of fear to a substituted symbolic object, the ego logically ascribes to that object threatening intentions. The selection of this object is partly determined by previous—often forgotten—experience, although propinquity and chance play roles in the choice also. We speak of this device as *projection*. It must be considered a more desperate measure, particularly when it is accompanied by its often associated phenomena—hallucinations, ideas of reference, and delusions. It is then a signal of gross ego failure.

Closely allied to projection and, indeed, making much use of it, is an unhappily familiar syndrome of rapidly shifting displacements, with alternating reality acceptance and reality denial. The characteristic motivation here seems to be provocativeness; it would seem as if the ego accepted or effected potentially unstable object attachments for the very sake of being able to disappoint them and inciting retaliation as a combined form of love and punishment. Individuals who are forced into a program of this semi-rational, semi-realistic, semi-criminal, semi-psychotic behaviour have been called by many names—most commonly, perhaps, 'psychopathic personalities'. I have previously described them as characterized by this saltatory phenomenon, this device of transiency, but probably the basic mechanism involved is the compulsion toward provocativeness. Of course, in its simplest form this device is frequently used by others than the individuals just described who are so completely characterized by it.

The substitution of symbolic objects for the displacement of otherwise uncontrolled impulses differs from the substitution of *modified modalities* of 'dealing' with objects. The high value of symbols in psychic life is such that it is possible to use speech, rituals, and other things in place of the unconsciously formulated intent of destruction. Cursing someone may be a

³ One is tempted to speculate, at this point, regarding the extent of this 'symptom' in the world's population. We psychiatrists usually think of it from the standpoint of those who suffer from their isolation; both we and they are accustomed to think them more or less 'sick'. How much less sick are they,

perhaps, than the many 'healthy minded' millions who scotomatize the misery of most of mankind, and by means of denial, avoidance, studied ignorance, preoccupation, snobbery, and distractions of all kinds manage to avoid even the awareness of worldwide tragedy, and hence of reality in a larger sense!

sufficiently satisfying equivalent of ridding one's self of him by *magic*. There are, as we know, many other ways than cursing in which 'murder' may be attenuated. This attenuation may be almost to the vanishing point, so far as practical effect on the subject is concerned, but there is always an effect on the *subject*. One effect is to release aggressive energy and hence diminish ego tension. But another effect is to arouse the superego to require placatory undoing, restitutive, penitential, and similar activities. What we call 'compulsions' are acts or strong inclinations toward such acts which symbolically destroy the danger and simultaneously appease the conscience. The balance achieved in this combination will by no means satisfy an objective observer, but because of the impaired reality sense, it partially satisfies the doer. Symbolically doing-and-undoing constitute the essence of a large number of modality substitutions all of which represent a partial detachment from reality and an attempted arrangement for releasing an 'irresistible impulse' of a dangerous kind in a disguised 'magic' form.

Prominent among these substitution techniques as seen in clinical material are the various perversions of mode or object in the gratification of sexual desire. The sexual urge may be considered primarily a derivative of the life instinct—a partial instinct some would call it. But it is always 'contaminated' or fused with some derivatives of the aggressive instinct. According to the proportions of admixture, a sexual act may be predominantly loving or predominantly hostile (but never wholly either). For some individuals the expression of the sexual impulse in a predominantly loving form, according to biologically 'normal' modes and toward the appropriate objects, is blocked in respect to one of these three criteria. This frustration still further increases the proportion of aggressive component (which, in turn, may still further intensify the blocking). A bargain is finally struck, so to speak, by means of displacement, substitution and as with all these devices—some reality denial. The conditioning of some egos is such that in spite of the superego pressure and in spite of reality pressure (danger, inconvenience, etc.) the perverse act can be tolerated, i.e., permitted, whereas the normal act cannot be. Expression

of the 'sexual' needs in this distorted, substituted way relieves ego pressure by permitting destructive urges to emerge in disguise.⁴

Finally, among the Second Order devices of stress relief, there are the phenomena in which the ego effects a semi-realistic 'withdrawal' through the offering of sacrifices, or as some (Rado) prefer to phrase it, by a choice of the lesser evil. In the psychological system the sacrifice may be made either to the conscience demands or to reality demands. Most reality sacrifices represent normal choice behaviour and are usually conscious ('A half loaf is better than no bread'; 'a bird in the hand is worth two in the bush' etc.). Sacrifices offered the conscience are more self-destructive and are usually only dimly recognized for what they are. The principle of sacrifice is based on a rather complicated equation, in which a part is made to stand for the whole, and is yielded or offered in order to preserve the integrity of the remainder of the whole. I have illustrated in *Man Against Himself* in how many different ways the superego can be placated by a sacrifice which involves such magical choice of a lesser evil. The solution by sacrifice is accomplished, in clinical experience, by self-immolation and penalization, as in the case of asceticism and martyrdom; by self-mutilation of one's own body or by exploitation of the opportunity for obtaining surgical operations or sustaining semi-purposeful accidents which accomplish mutilation; by self-intoxication or narcotization; by entertainment of the fantasy of a somatic affection, as in hypochondriasis; by exploitation and misinterpretation of sensations of somatic affection as in neurasthenia; by unconscious simulation of somatic affection as in conversion syndromes; by the physiological production of somatic affections as in psychosomatic disorders; by the psychological exploitation of an inter-current somatic affection.

RECAPITULATION

Regulatory Devices of a Second Order of Pathology

1. *Withdrawal by dissociation (intra-psychic)*
 - Syncope
 - Narcolepsy
 - Amnesia

⁴ Some colleagues will feel that sexual perversion is a *prima facie* evidence of severe ego failures and hence should be assigned to a still higher order of tension-relieving devices. I think this is true only if violence and overt destructiveness characterize the modality. There are self-destructive and externally

aggressive elements in all the Second Order devices, but they are concealed. If the aggression becomes obvious (and, of course, misdirected) we have sufficient evidence of ego rupture to assign such devices to the next order.

- Fugues
- Dual personality
- Sense of unreality (estrangement)
- Depersonalization
- 2. *Withdrawal by displacement of aggression to substituted objects*
 - Aversion
 - Prejudice
 - Phobias
 - Counter-phobic attitudes
 - Obsessions
 - Projection
 - Provocative transiliency
- 3. *Substitution of (magic) symbols and modalities for more frankly hostile discharge*
 - Compulsions
 - Rituals
 - 'Kleptomania', 'pyromania', etc.
 - Undoing and restitutive gestures
 - Perverse sexual modalities and objects, without violence
- 4. *Substitution of the self or a part of the self as an object of displaced aggression*
 - Self-imposed restriction and abasement (asceticism)
 - Body mutilation (self-inflicted, 'accidental', surgical)
 - Self-intoxication or narcotization
 - Somatic involvement (fantasy, sensation, or function)
 - a. Unconscious simulation
 - b. Exploitation of somatic affection
 - c. Physiological production of somatic disorder

REGULATORY DEVICES OF THE THIRD ORDER

All the stress-relieving devices of the first and second orders are temporary and emergency devices. The ego never 'expects' to retain them permanently (although it often does!). If a woman sees a shocking automobile accident and faints, she doesn't think of her fainting as a symptom of illness; she doesn't expect to continue fainting. If a man has a fatiguing and discouraging day and takes a few drinks too many, he doesn't think of this narcotization as a symptom. It is only when the fainting becomes frequent or the alcoholic relief imperative, so that other satisfactions are sacrificed, that the 'device' becomes a symptom. We may sometimes refer to these as 'habits', but it is not merely the accustoming of one's self to an expedient, but

rather the *hypertrophy and solidification of a definitely emergency measure which makes for pathology.*

Nevertheless, the actual intra-psychic state of affairs is never static. The stresses either recede, or they continue, and are added to by the necessary compromises. And the trend of pressure is in the direction of ego rupture, which could correspond to the neurophysiologist's 'exhaustion state'. An already stretched, compromised, injured, wearied, over-taxed ego may simply have to yield. It does the best it can as long as it can, but the pressures may be too great for it; it may give way. This does not mean that the ego is destroyed or annihilated; intact portions or functions persist, of course. But in certain 'weak' spots it yields. The result is catastrophe—not for the ego, but for the total organism.

THIRD ORDER DEVICES

The uncontrollable emergence of dangerous instinctual impulses is always something of a catastrophe. As we shall see shortly, it is not *the* catastrophe, the ultimate and *most* dangerous explosion, but it is always serious, because of consequences to be expected from the environment (retaliation, punishment, etc.) and from the superego. In this ego rupture the dangerous impulses are apparently outwardly directed, but the 'recoil', the concomitant self-damage, is always detectable also.

Clinically and empirically we know these catastrophes in *two forms*—as continuous phenomena over a considerable period of time, and as relatively brief, episodic, discontinuous phenomena from which there is prompt recovery with a continued tendency for them to recur. It would seem that these episodic explosions serve to relieve enough tension to prevent the development of the continuous forms.

Sudden homicidal violence or less extreme assaults and uncontrollable attacks of rage are the most familiar exhibitions of such primitive impulse explosions. These are occasionally self-directive, either as suicide or self-mutilation. Unhappily the pages of history, particularly those of criminologic and psychiatric history, are full of dramatic illustrations of the catastrophe in the form of 'impulsive' homicide. In many such instances there is so much 'isolation' that the patient has no explanation at all for his 'crimes'. In other cases there are rationalizations for the deed, and for the selection of the individual attacked, but as Wertham has shown, these

reasons, convincing as they may sound in mystery stories, and even in some criminal trials, usually have little to do with the real motivation of the murder.

Assaultive forms of violence may contain an admixture of sexuality, used chiefly as a cloak. But sexual assaults of all kinds, including rape and the aggressive types of sexual perversion, represent modified forms of ego rupture.

Similar in psychodynamic purpose, but quite different clinically, is the *grand mal* convulsion. A convulsion—however produced—represents a sudden, uncontrolled, relatively unstructured release of enormous quantities of energy, expressed by muscular contractions and the obliteration of consciousness. It permits an episodic explosive emergence of aggressive impulses. It does not seem to be directed toward anything or anyone (as a rule), but seems to be a primitive expression of violent murder and violent suicide—like an enormous temper tantrum.⁵

There is another form of episodic ego rupture in which the ego has some modifying effect upon the exploding aggressive drives, enough to create a picture of partial disorganization rather than either directed violence or complete convulsive chaos. Familiar to psychiatrists of military experience (and comparable syndromes are occasionally seen in civilian practice) are the attacks of acute panic in which the soldier suddenly becomes either 'frozen' to the spot, heedless of danger and opportunity for retreat, or launches into wild screaming, shouting, shooting, crying, running about, and other evidences of demoralization. In most instances they are of relatively short duration.

In other war cases, however, the initial symptoms were less dramatic, but a syndrome of demoralization persisted for some days or weeks, then disappearing completely (after hospitalization). Such cases were sometimes referred to as 'Ten-day schizophrenias'. In civilian life somewhat similar pictures of dereistic trance-like states or delirious excitement are not infrequently seen, and are called by all sorts of names (some of them improvised). They characteristically recover promptly and fairly completely.

⁵ Remember, please, that I am discussing the function of the symptom, not the so-called cause or causes, and not the physiological mechanisms or the anatomical structures involved. Convulsions may, of course, occur under many circumstances and conditions from glioma to uremia and from drunkenness to lupus erythematosus disseminata, but the psychological function performed is conceivably always the same.

To summarize, stress-relieving devices of a Third Order of pathology are represented by episodic, explosive outbursts of aggressive energy, more or less disorganized, including:

1. Assaultive violence—homicidal or suicidal
2. Convulsions
3. Panic attacks
4. Catastrophic demoralization
5. Schizoid attacks (e.g., ten-day schizophrenia)

REGULATORY DEVICES OF THE FOURTH ORDER (Persistent dereistic discharge)

Rupture of the ego permitting an episodic explosion may be sufficient to relieve the tension, and the ego quickly 'heals' with or without a 'weak spot'. Its boundaries are restored (Federn) and a catastrophe has been averted. Freud pointed out how suicide may be a substitute for murder, and Reichard and Tillman have recently proposed and illustrated the idea of murder and suicide as 'defences' against psychosis.

Thus, the victory may be a Pyrrhic one. The cost of salvation may be fatal. The damage done may be irreparable. Or, the rupture may be too great for the ego to reconstitute its homeostatic patterns in a quick restoration. The ego may be exhausted or semi-permanently damaged. In that case, a further retreat and detachment from reality must occur. This actually represents the net effect of the aggressive intent: destruction is accomplished symbolically in the form of a repudiation of reality and of reality testing to a penultimate degree. Not only is the process of reality testing abandoned, but the established loyalty to reality is (largely) renounced. With this, of course, goes a disruption of inter-personal linkages and the separation from love objects which presages psychological starvation of the ego (Ernest Jones's *aphanisis*).

It is this state of affairs to which most psychiatrists refer by the word 'psychosis', a word which I earnestly hope we can abandon. (Adolf Meyer, George Stevenson, Karl Bowman and other psychiatrists have expressed the same wish.) It is illustrated in the delirious states,

regardless of the crucial precipitating cortical stimulus.
⁶ The therapeutic effect of the artificial induction of convulsions in shock therapy seems to me to depend in large part on the fact that the patient 'dies' without dying, and then is reborn, so to speak. The self-destructive energy (*mortido*) is discharged, permitting a re-cathexis of the ego.

many schizophrenic pictures, some stupors, and various conditions associated with organic brain damage. I am not concerned now with names of specific 'causes', but rather with the psychological picture and the psychological process that is represented.

I believe this stage of the process represents a near catastrophic re-arranging of homeostatic balance in which the dangerous impulses, aroused by threat, pain, fear, guilt, and frustrations are controllable only (or chiefly) by absorption into fantasy, including narcissistic preoccupations, denial and destruction in fantasy of some or all of the real world. Disorganization of a high degree is conspicuous. An internal equilibrium and relative peace are indeed re-established, but at a fearful cost in effectiveness. Edward Kempf described this as his fifth and most extreme stage of personality decompensation—a further flight from adjustment, really an almost complete failure to compensate, so that the individual is dominated by the uncontrollable elements of the unconscious. Then there appear, as if they were a part of real life, such very unreal things as delusions, hallucinations, etc. These, in short, are symptoms popularly known as "insanity".

This is truly disorganization, and the sacrifice of much of the self to the situation. It is self-destructive. But from the other standpoint, which we have been emphasizing, it is also self-preservative, a device to *avert* a more complete self-destruction. It is not a complete surrender, but a retreat—almost a rout, perhaps. But the organism is saved, even though its productive level has fallen to almost zero. We know that such patients feel, on the one hand, desolate, estranged, and hopeless because of the disruption of their linkages with reality love objects; and, at the same time, seek to bolster their egos with omnipotent fantasies of destroying the whole world. The picture is apt to be complicated by numerous fragments of second and third order devices which are carried over. Indeed, it is these which give colour and form to the various clinical pictures in which this near-total disorganization of psychic function appears. The following are some of the commonly observed varieties:

(1) *Erratic, disorganized excitement*—with corresponding verbal and motor productions—at times destructive, at times self-injuring, at time only bizarre and ineffectual. These pictures

have been called delirious, manic, maniacal, catatonic, epileptic, and other names.

(2) *Conditions of extreme hyperthymia*—chiefly melancholy, with or without stupor, agitation, delusion formation, retardation, or restless activity. The characteristic feature is the overwhelming of the wish to live, the mood of resignation and obligation to suicide.

(3) *Silly, incoherent, manneristic, autistic speech and behaviour*, without excitement or clear meaning or direction. Such pictures are often called hebephrenic.

(4) *Extreme and continuous apathetic inertia* and extreme inactivity, sometimes rigidity, often with mutism, hallucinations, and other rarely revealed fantasy indulgences and occasional outbursts. Such conditions are called hebephrenic, catatonic, 'deteriorated', 'regressed', and other undefinable and unjustifiable names.

(5) *Delusion preoccupation* with one or several themes, usually persecutory, and usually supported with defensiveness, suspiciousness, grandiosity, condescension, irascibility, etc. with or without hallucinations. A good façade of 'normality' may partially or occasionally obscure the underlying picture. Such states have classically gone under many names containing the adjective 'paranoid'.

(6) *Disoriented, confused, uncertain, amnesic*, bewildered disorientation typical of senile regression and organic brain injury.

(7) *Gross intellectual defect*, typical of congenital or acquired hypophrenia.

A great deal has been made, in the psychiatric literature, of the finer distinctions between these different pictures. In the writer's opinion, this is like describing the separate fragments of pottery found in an Indian cave. They all represent parts, parts of wholes that have been broken. To be sure, some are small, some are large, some are sharp, some are dull, some have markings of one kind, some of another. But our psychiatric pieces may change their markings under very eyes. For indeed they are not different diseases: they are different exposures, different glimpses, different constellations of compromise, fusion and defusion, of compensatory effort and change. The important fact is that an ego rupture has occurred, overwhelming aggressive impulses have emerged, extreme withdrawal has been necessary, effective contact with reality has been severed. What one has left is disorganized rubble, the mangled body of an organism that is still breathing.

At this cost, then, the final catastrophe of dissolution has been averted. A kind of equilibrium has been re-established at a very low level. Here it may remain until death. *But* empirically we know that complete restoration may still occur! Indeed, with any help at all, it usually does! Thus the survival function of this catastrophic retreat is demonstrated, and the ego's regulatory powers seem to be justified even in its so-called failure.

THE ULTIMATE AND IRREVERSIBLE CATASTROPHE: THE FIFTH ORDER

But despite the successive inauguration of progressively more 'radical' measures, the ego may really fail completely. Things may go from good to bad, to worse, to worst. And what is the worst that can happen? From the biological standpoint, one would say death; from the psycho-biological standpoint, and in line with the concept here presented, one would have to say complete disorganization, which is perhaps not quite the same. We might borrow the term entropy from physics.

Since the basic function of the ego is integration, i.e., holding the personality together, its complete failure is to be seen in disintegration, which occurs when the destructive drives overwhelm it. Complete failure of ego control releases enormous violent energies of destruction in all directions: Clinically one sees occasionally such dreadful cases of continuous, wild, furious, violent mania ending, nearly always I believe, in complete exhaustion and death.⁷

INTERPRETATIVE ADDENDA AND CONCLUSION

On this dismal note of complete disintegration, we must terminate this analysis of the pro-

gressive steps or stages in the temporary arrest of the trend toward disintegration by the various regulatory expedients available to the ego. Please bear in mind that this was, by design, a schematic rather than a clinical presentation. As has been pointed out repeatedly as we went along, the ego always does more than attempt to manage the immediate emergency. In spite of resistances implicit in the semi-stabilized emergency adjustment, the ego perennially endeavours to return to its original normal adjustment level. These restorative efforts of the ego have been little touched upon here for the reason that we have been trying to describe the disease process rather than the recovery process, which in no way diminishes the importance of a further consideration of the latter including those artefactual facilitations afforded by 'treatment'. That recovery actually may take place, wholly or in part, after arrival at any of the stages described has been repeatedly mentioned, but perhaps needs repeating. That recovery may fail to take place is unfortunately also an empirical fact.

This recovery trend is, indeed, constantly interacting with the trend represented by the five stages of progressive disintegration described. As is well known clinically, there can be slow or rapid shifts from one level to the other, both upward and downward.

Nor would I leave the impression that the demarcation of these five hierarchical orders of stress-relieving devices is something sharp, clear, and invariable. As in all scientific description, they appear more so in a verbal description of this kind than in real life. In the course of a progressive maladjustment in which second order devices, for example, are gradually or even suddenly superseded by third and fourth order devices, there is apt to be a trailing or continuing use of some of the devices belonging to earlier

⁷ Actual self-propelled physical self-destruction in the clinical form of suicide should probably be treated as an indication of *not-quite-total disintegration*. It is certainly terminal and irreversible, and it is certainly a kind of failure of ego control which turns out to be fatal. But it does involve some conscious direction, and hence falls a little short of complete reality renunciation. When Freud outlined his concept of the self-destructive instinct he made it clear that its manifestations are never nakedly visible. This is true even in suicide, as I have tried to point out in *Man Against Himself*. It is possible that those forms of suicide among primitives which are said to be accomplished by sheer determination to die represent an exception to Freud's statement, but suicide in the ordinary form represents a direction of violence toward the self which is always tinged with elements of the integrative efforts of the ego. In other words, no suicide is ever completely wholehearted. There is certainly

a considerable difference between the wish to die, the wish to *kill* (one's self), and the wish to *be killed* (by one's self or by someone else) as I have pointed out elsewhere (*vide infra*). And none of these are undisguised representations of the 'death instinct', by definition. Suicide as an occasional fantasy, suicide as an obsessional preoccupation, and suicide as a gesture must be distinguished from successful or unsuccessful but *bona fide* suicidal attempts. (See Raines.) The great excess of suicidal attempts as compared with 'successful' suicides (even after one excludes 'thwarted' suicides) suggests, as Stengel has recently pointed out, that many so-called 'successful suicides' are actually bungled attempted-suicides. The gesture function, the appeal effect, and the ordeal character of the attempt are of great importance. Stengel agrees with us, however, that even the suicidal attempt is 'a catastrophic reaction to an intolerable social and emotional situation'.

orders (i.e. the first and second). It should not be forgotten that we psychiatrists see the patient only after months or years of a fluctuating struggle to attain a tolerable adjustment. By recapitulating the history, we can determine which of the present devices are revivals and which are new, and what former 'emergency reactions' had been partially accepted by the patient as inevitable character traits rather than symptoms. These may now have become hypertrophied to the point of rejection as 'ego-alien', or they may have been supplanted by a new series. Thus a sequential order may be demonstrable, but often it is not.

I have tried to avoid the use of such terms as defences, defence measures, and defence mechanisms, because of the narrowness of their implications. They call to mind partial manoeuvres which parry circumscribed threats. I have tried to employ terms which accent the more holistic implications of the ego's defence efforts, that is, its use of a wide range of expedients in the interest of preserving the best possible level of integration in the face of disintegrative pressures. At first, those expedients may be chosen which result in an increased state of tension within the system (First Order Devices). Ultimately, however, the organism may be forced to adopt devices which will relieve the painful state of tension. The devices it chooses must be the best available for maintaining organismic integrity with a minimum of loss.

Disease may be seen, then, not simply as lack of 'ego strength', an absence of normality, but as a positive expression of the survival efforts of the organism, inept and costly as they may be. In this paper I have sketched out only in broad strokes and rough outline the implications of such a concept of disease. In the development of this idea, the term homeostasis was used to signify the efforts of the organism to realize its potentialities and maintain its integrity despite descriptive onslaughts from within and without. Treatment may be viewed in these terms as assistance in the effort to re-establish the optimal

level of integration which had to be sacrificed for a more tenable level of homeostatic maintenance.

SUMMARY

The *essence of my thesis* is that the principle of homeostasis or steady state maintenance can be applied to psychological phenomena and psycho-analytic theory. The functions of the ego in receiving external and internal stimuli and in dealing with them for the best interests of the organism can be viewed as those of a homeostatic effector. The constructive and destructive drives of the organism must be so directed and modified as to permit the maintenance of a level of tension which is both tolerable and conducive to safe, productive, and satisfying living and continued growth.

Events constantly occur which tend to disturb the adjustments and reconciliations achieved, and these stresses require the ego to improvise adaptive expedients for maintaining the integrity of the organism. Minor stresses are usually handled by 'relatively minor', 'normal', 'healthy' devices. Greater stresses or prolonged stress excite the ego to increasingly energetic and expensive activity in the interests of homeostatic maintenance.

In its effort to control dangerous impulses under such circumstances and thereby prevent or retard the disintegrative process which threatens, the ego initiates emergency regulatory devices which fall into five hierarchically arranged and specifically characterized groups, representing increasingly greater degrees of failure in integration.

I believe that this conceptualization of the ego's regulatory function provides us with a broader frame of reference for understanding mental illness and will enable us to discard some of our vague, many-faceted, traditional terms in exchange for more definite and precise designations of process and stage. It also helps us to align our psycho-analytic concepts with general organismic-biologic theory.

REHEARSAL AND COLLUSION¹

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A patient—a married woman of 34 with one child, a boy aged 7—was referred by her doctor to the London Clinic of Psycho-Analysis. Her main complaints were of occasional feelings of unreality, frigidity, and colouring up when with strangers. At interview it was revealed that in the previous two years she had had at least two episodes in which she had almost certainly been deluded, believing herself to have been unjustly treated by women. As a result of the interview she was placed on the waiting list. Two years later she was asked to attend the Clinic again, as there was a possibility of her beginning treatment. Five minutes after the time appointed for this interview she phoned the Clinic, saying she was lost, and asking for directions how to reach it. These were given her, and she finally arrived about ten minutes late. She began the interview by explaining that although, as she now realized, she had been within a few yards of the Clinic before the appointed time and it was not her first attendance there, she had become confused as to her whereabouts. She had therefore asked a stranger, a man, for directions, but he had sent her in what turned out in fact to be almost exactly the opposite direction from the correct one. However, she acted on his suggestion, only to realize after a few minutes that she was more lost than before, and so she had phoned the Clinic.

Work in her subsequent analysis revealed that in this incident many of her major problems were almost perfectly brought together, and that it was a demonstration of her defence mechanisms of denial and projection against her difficulties about being left alone. For a long time she was quite unable ever to be on time for her sessions. She had great difficulty about the week-end and holiday breaks. As regards the week-end, within a few weeks of starting treatment she brought great pressure to bear to prove that it was almost impossible for her to attend five days per week. Four was the most she could manage. Of the days she wished to cut out, Friday was her first preference, but to cut out Monday instead, she considered, would also have been helpful. A similar problem arose later over holiday breaks. She always found fairly good reality reasons, mainly linked with fears of her son being left on his own, why her holiday

should begin before the time that fitted in with the analyst's, or why the resumption after a holiday break should be later than the time when the analyst became available.

One explanation of this way of dealing with separation problems was her attempt to play the active, controlling role as compared with the passive, accepting role. She admitted quite openly her terror of being left alone. Her activities as described seemed, therefore, to indicate her attempt to leave the analyst alone, rather than permit a situation to arise in which she should be left alone.

Another feature of her approach to her preliminary interview was that she made her lateness something apparently outside her own responsibility. She could assert, at any rate as a justification to herself, that she had been wrongly directed by the stranger. Thus in her approach she shows how she fortifies herself doubly against any feelings aroused in her about being alone. By her denial mechanisms she proves to herself that she is not left alone, it is she that leaves the object alone—and even so the separation of herself from her object can be felt to have nothing to do with her; any badness in it is placed wholly in the object.

All that is contained in these two main streams of defence mechanisms, denial and projection, was repeated time and time again in the analytic situation. However, there is still another feature in the activities we have described on the part of the patient—a feature undoubtedly closely related to the two already mentioned and a further means of avoiding any guilt feelings. This third feature is the 'acting out' aspect of her behaviour. The behaviour occurred outside the actual analytic session, though I do not think anyone will consider that it was not actuated by the approach of the meeting between patient and analyst. Acting out was a persistent feature of the patient from the beginning of the analysis. In the analytic work it presented the usual difficulty in technique. Although acting out had the positive value that it was her way of communicating to the analyst her conflicts of the moment, every attempt to show her, through the acting out, the link with the relationship she was making with the analyst was strenuously rejected and denied. Interpretation of this

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rejection and denial likewise had little effect. Any question of her having feelings for the analyst was almost without exception dismissed, except on a few occasions when she would admit to being slightly suspicious of him or of being at times mildly irritated by him.

Yet, despite her persistent acting out and denial of the transference situation—interpretation of the transference implications of the acting out being the main analytic work attempted—and despite minor crises never of very great intensity, the patient continued to attend for treatment and a slow, gradual change became evident. Her life in the outside world became more tolerable for her and no major far-reaching delusions arose. It seemed indeed that consistent transference interpretation of her acting out, although appearing to be consciously rejected, was in fact affecting her and causing some diminution of her anxieties. It was not, however, until towards the end of the second year of analysis that some more striking indications of this became evident. And interestingly enough, it was through her separation problems that this change was demonstrated.

I now propose to select certain material, in connection with week-end and holiday breaks, which seems to show this change most clearly, and then to discuss some of the implications arising therefrom as to the way the change occurred.

About the eighteenth month of analysis, just one week before the Easter break, which had already been talked about quite a lot, the patient missed a session. When she came the following day, she explained that her son had had an unexpected school holiday and she just couldn't leave him on his own. She expressed fears that if left on his own something terrible might happen to him. He might get hurt in a road accident. He might get into serious trouble by being too mischievous. Later in the same session, she recalled a dream of the previous evening, in which she was looking into a mirror. The reflection, however, was not of herself but of her mother at the age of 60. It came out that this corresponded to the year of the patient's marriage. Material in the succeeding sessions included attempts on the patient's part to show resentment towards her eldest sister. This sister, who had been 'going through the change' for the previous 9 years, had come pouring out her woes to the patient. Inside herself, the patient had felt quite bitterly towards her sister because some years previously, when she had been in trouble, her sister had not helped her one bit. The patient also described an increase in her symptom of colouring up. What was disturbing to her was that, try as she might to control it, she could not, and was quite unable to hide it.

I think this material indicates some of the patient's problems and, combined with the actual detail of each session, is suggestive of the following formulation:—

Being alone—away from the analyst—in the Easter break would expose her to dangerous wishes—wishes to masturbate. Such wishes would really be anxiety-provoking, as they would be phantasies stirred up by her resentment at being deserted by the analyst, who during the desertion might be loving and kindly to a woman close to him. There would be wishes to take this woman's place in relationship to him. Moreover, all this was unduly exciting to her—an excitement which, try as she might, she was unable to hide.

Interpretative work on these lines led to the following material towards the end of the last session before the Easter break:—the patient spoke of an incident in which her sister-in-law had been involved.

An old woman, a neighbour of this sister-in-law, had gassed herself. To the patient's surprise the sister-in-law had been quite calm about it. The patient went on to explain that had such a thing happened to her, she would have been terribly worried, feeling, even though she might know it was unjustified, somehow responsible for the woman's suicide. This led the patient to realize that she always felt as though she had been responsible for some terrible crime.

This seemed to round off the previous material, so that one could now formulate the patient's fear as being that, in order to take the place of the woman she believed would be close to the analyst during the break, she would wish to kill her and thus herself be exposed to fears of retaliatory death.

The Easter break occurred, and for the first time in the analysis the patient returned on the day arranged. She almost immediately took up the problem of her criminal wishes, but rejected entirely the idea that they referred to the analyst. She willingly gave instances indicative of past murderous wishes.

And now the analysis entered a difficult phase. It will be remembered that one of the patient's symptoms had been colouring up when with strangers. Fletting references to this symptom had been made during the first eighteen months of the analysis, but they had never amounted to anything, and no real work had been done on the meaning of this symptom. It will be recalled that just before the Easter break the patient referred to her colouring up, and its relationship to erotic sexual wishes had been noted. About two weeks after the Easter break she referred to it again. She spoke of one of her colleagues at work—a young girl engaged to be married—and described how after a week-end the girl would often be unable to speak properly, having lost her voice. The patient felt quite sure that this was only to get sympathy, and that it was an expression of the girl's difficulties with her fiancé at the week-end. She said she was envious of this girl, who had something she could really show. The patient had nothing to show. All

her problems were hidden inside her, except, of course, her colouring up—and even to that no one paid any attention. The accusatory element in this material with obvious erotic sexual demands on the analyst was noted, and its special significance could be appreciated later when the patient stated that she felt the analyst was accusing her of keeping something back. Whether she was keeping something back or not did not then become available. In the analytic work her projection mechanisms could, however, be worked with, as the material clearly showed aspects of such projection mechanisms. At the same time and obviously in close relation, the symptom of colouring up became increasingly distressing for the patient, and came to occupy the centre of the analysis. But I do not wish to go into detail about this feature.

All that I want to say here is that, despite the understanding of many of its meanings as the analytic work of this period went on, it became increasingly obvious that some meaning of the total situation was not being appreciated by the analyst, for the patient's anxiety, instead of being resolved by the work, continued to mount. At length, after two weeks, the patient failed to attend, and instead wrote a letter explaining that travelling had become intolerable for her as her colouring up had become too intense. She returned after three days, but in the succeeding week nothing more came to light, and the severity of her anxiety could still not be diminished by the analytic work. At this point, while waiting one day for the patient to attend, the analyst became aware that it was very late and she had not yet arrived. Suddenly he realized that the short Whitsun break was almost at hand and had not been spoken about. Experience with the patient had already warned him that it was advisable to give details of holidays well in advance, but for this Whitsun he had failed to do this. He began to ask himself what meaning this might have, and when the patient did not, in fact, attend at all for that session he began to appreciate that there might be some link between her increase in colouring up and the Whitsun holiday. His failure to discuss the holiday with her, among its many possible meanings, must contain the meaning that he was denying the significance of the separation involved in the holiday. But such a denial must have stemmed from the patient, so that he could now consider that the difficult situation in the analysis in the previous few weeks might have arisen from his collusion with the patient to deny the holiday. When the patient next came, he took this point up, and although her first response was to ridicule such an idea, it was obvious that tension diminished considerably, and for the few days remaining before the break she managed to attend for treatment without undue difficulty. The break then occurred. The patient failed to return on the date arranged, but sent a letter instead. This was most unusual for her, and seemed to confirm that

the interpretation had had effect. Incidentally she gave as her reason the usual one for not attending after a holiday, her inability to leave her son alone at home—his school holidays being still on. Once she did return, the problems of the holiday break came wholly into the analysis, and the patient, although she tried to do so, could no longer deny their importance to her. She then revealed the real key to the previous activity. She disclosed that just before the Easter break she had committed herself, for the summer break, to a holiday which would involve her breaking off the analysis before the date up to which the analyst was able to work. This had occurred in the following way: Her sister had invited her and her family to share the summer holiday at a certain seaside resort. The patient had gladly accepted, only to find that its date was fixed by the period during which her brother-in-law could get leave from his firm. This could not be altered. She realized that it was bound to interfere with the analysis, but she felt quite unable to mention it either to her sister or to the analyst.

Armed with this knowledge, the patient's whole activity regarding the three holiday breaks, Easter, Whitsun, and Summer, falls into place. When just before the Easter break she acted in a way which was going to interfere with the analysis in the summer, she withheld this information. Faced with the next break—the Whitsun holiday—she introduced a fresh feature into the analysis and deflected the analytic work away from the anxieties of being left alone. Then, however, this very feature itself came to be used as an interference with the analysis. Only when this meaning of it was appreciated was it possible for her to expose the other, earlier, interference. It is especially interesting that the colouring up symptom did not interfere with the analysis in the succeeding months.

Looking back on all that had happened, a number of things spoken of by the patient could now of course be seen to have a meaning that was not sufficiently understood at the time. For example, over the incident with the engaged girl, it could be seen, that she had been trying to convey to the analyst that she was keeping back (had lost her voice about) something of her private life in connection with periods of separation from the analyst. Also when the analytic work was concerned with the patient's projection mechanisms and her symptom of colouring up was so much to the fore, it might have been possible by interpreting certain aspects of the material in a different way to release her from the necessity of guarding her secret so determinedly. It is certainly, I think, of interest that the date on which the patient first failed to come on account of the severity of her colouring up, coincided approximately with what would have been, on the basis of previous experience, the optimum time for giving her details of the Whitsun break. Moreover it could now be seen also that although the material just before the Easter break

had seemed to have transference meaning regarding wishes on the part of the patient to interfere with the relationship between the analyst and someone close to him, a more exact meaning was that it was the patient's communication that she had already done something that would interfere with further analytic work. Her insistence after the Easter break on having done something criminal in the past should have been hearkened to more readily.

I now turn to the two features of the work which have provided the title of this paper—and first that of collusion.

I have already mentioned that a factor in the persistence for nearly three weeks of an unduly tense situation between the patient and the analyst may have been his collusion with her in denying the significance of the Whitsun break. Collusion is one of a number of similarly constructed words derived from the Latin—their main element being taken from *ludere*, to play, with varying prefixes giving rise to such words as allusion, delusion, illusion, elusion. It is especially interesting that most of these words have significance in psychogenic problems, though obviously the fact that they have to do with play provides a very good reason for such significance, as play is of extreme importance in human development. This is particularly so when we appreciate the wide variation in the uses of the word play to represent, for example, activity, drama, recreation, etc. One aspect of some of the meanings of play, particularly, for example, in collusion and delusion, is a fraudulent, deceptive quality. Collusion, which literally means only interplay, has come to have the meaning¹⁴ of a fraudulent secret understanding between ostensible opponents. Similarly with delusion. A kind of conspiratorial note seems to be included in the present-day meaning of collusion, so that when one first thinks of collusion between patient and analyst, one tends to think of a bad interplay. That there should be an interplay or interactivity between analyst and patient is clearly an essential for analysis. The question really becomes one of degree, that is, how much interplay both conscious and unconscious is conducive to the best interests of both participants; and what varying degree of interplay is necessary for both, for analytic work of the highest value to be done.

I feel that this problem is closely linked to that which Balint discussed in his paper 'Changing Therapeutical Aims and Techniques

in Psycho-analysis' (1). In speaking of the inter-relationship between analyst and patient he writes: 'The question is therefore, not friendly objectiveness plus correct interpretations versus hugging and kissing the patient and using four-letter Anglo-Saxon words "à la John Rosen", but how much and what kind of satisfaction is needed by the patient on the one hand and by the analyst on the other, to keep the tension in the psycho-analytical situation at or near the optimal level.'

I now turn to the second feature—rehearsal. It was Mrs. Riviere (11) who, in discussing the material described, pointed out that it contained features that she suggested could be called rehearsal. Features of rehearsal can be seen first in the fact that, having arranged something that was going to interfere with the analysis in relation to the long summer break, the patient, as it were, rehearsed a similar situation using the intervening short Whitsun break as the stage on which to act. But even more important was it that when she came to use the Whitsun break as a rehearsal, her means of communicating this to the analyst was also by a testing out, a rehearsal, in the transference situation. She used one of her symptoms, the colouring up, to do this. She used her colouring up—a representation of her destructiveness—to rehearse its effect on the analyst as an object, instead of the full force of her total potential destructiveness. Moreover the rehearsal contained for the first time a real change in the patient's use of the analyst. Previously she had mainly acted out of her conflicts as a compulsive repetition—a sort of repetitive game determined by powerful anxieties which she could not surmount on her own. In the rehearsal she permitted the repetitive acting out to be divided into two parts—a first part, which was a plan to interfere with the analysis, but also a second part, a period in which this plan might come to be exposed. And not only did she arrange for this division into two parts to occur, but when the problem of exposing it actually came to be carried out she allowed it to happen in a personal relationship to the analyst. In other words, the transference situation came to be experienced consciously by the patient, and a dynamic analysis of her conflicts became really possible—an analysis she could no longer reject and deny.

Of course, testing out—rehearsal—may be a transitional stage in development. In his paper (6) 'Formulations regarding the Two Principles in Mental Functioning' Freud refers to thought as

'essentially, an experimental way of acting, accompanied by displacement of smaller quantities of cathexes, together with less expenditure (discharge) of them'. The general section, in *The Interpretation of Dreams* (7) and the 1915 paper on 'The Unconscious' (8) contain many aspects of the same idea. Ferenczi in his essay 'Thalassa' (3) and his paper 'The Problem of Acceptance of Unpleasant Ideas' (4) also refers to the importance of smelling or sniffing the surrounding world, allowing finer and more minute samples to be tested—indeed, tasted.

By testing out no unalterable commitment is made. The effects of the rehearsal can be noted, and if no drastic effects occur as the result of expressing activity in this way of rehearsal, the ego can feel reassured. That rehearsal may be a reassurance—a means of denying anxieties—must therefore be appreciated, particularly when it can also be seen that rehearsal occurs at the behest of the patient and is a means of avoiding the full impact of the anxieties of real life. It thus contains features of omnipotent control by the patient—obviously a most important defensive measure. Indeed in this respect rehearsal may be a transitional stage between compulsive play and art. It may be compared with art from the point of view described by Ella Sharpe in her paper 'Sublimation and Delusion' (12). She refers to art, particularly drawing and drama, 'as being developed from an attempt to resolve the problem of food and of death'. 'Art rises to its height', she writes, 'when it performs a service. That service is magical reassurance. A vital communication is made to us in picture, statue, drama. It is life that is danced. From a world of apprehension and anxiety, a world of temporal things, of vicissitudes and death, we temporarily escape'.

At this point a classical rehearsal came to my mind—the play within the play of *Hamlet*.

At conscious level Hamlet expresses doubts about his uncle's guilt. He conceives the idea of presenting a play dealing with a murder, similar in plan to what he believes was the murder of his father. Consciously this is to observe his uncle's reaction to such a play and thus assess his uncle's guilt. The uncle does in fact react in a guilty manner, yet Hamlet is still unable to act and avenge his father. Unconsciously, of course, the situation is very different. Hamlet had wishes to murder his father. His wish to kill his uncle as vengeance for his father's murder is not only interfered with by such wishes, but as his uncle is now his mother's husband, unconsciously

Hamlet's father, he is faced again with his oedipal guilt. The play within the play is thus Hamlet's attempt to project his guilty oedipal wishes away from himself on to his uncle, but in this it fails. Indeed, following this play within *Hamlet*, the main theme of Shakespeare's play rapidly quickens, leading to death and destruction for nearly everyone. But Hamlet is Shakespeare's projection of Shakespeare's own oedipal wishes, and for Shakespeare Hamlet is a successful rehearsal enabling Shakespeare to work through his Oedipus complex to some degree.

Is there any link between the problems and activities of Shakespeare and those of the patient? In at least one respect I think there is. Both of them staged a rehearsal. Both of them, through this rehearsal, became to a varying degree more mature. And in their rehearsals one point at least is specially significant. For both of them, at a certain stage of the rehearsal, there was a danger point. Shakespeare in staging a play by Hamlet made it the crisis of the total play. It is interesting that Ella Sharpe in her paper 'The Impatience of Hamlet' (13) comes to this conclusion after viewing the problem from different angles. Once Hamlet showed through his play his destructive wishes against his father, death and destruction are unleashed. But Shakespeare was able to use the total play to learn to tolerate his sadistic wishes, work through his depression, and become mature. Similarly the patient. Her wishes to destroy the analysis were first rehearsed, and indeed to a small degree did interfere with the analysis. Once this was appreciated and became available to her, constructive wishes developed. In other words, when repetition changes to rehearsal, the first effects of such rehearsal may be increased destructiveness, and unless this increased destructiveness is handled analytically, as seems to have occurred eventually with the patient, or can be tolerated and worked through, as occurred in art with Shakespeare, no advance will be made. Instead this may contain, at least in part, the reason why attempts at self-cure may be unsuccessful, it never being possible for the 'depressive position' (Melanie Klein) (10) to be sufficiently worked through.

My interest in this was further enhanced when I discovered the actual meaning of the word 'rehearsal'. (14) To my surprise I found that it is derived from the French word *herse*, a harrow. Now a harrow is a heavy frame of timber or iron set with iron teeth, which is dragged over ploughed land to break clods, pulverize and stir

up the soil, root up weeds, or cover in the seed. So it seemed that rehearsal involves a breaking down of material preparatory to or including a re-seeding. Moreover 'hearse' has also the meaning of a bier or coffin or the carriage constructed for carrying the coffin. So it would seem that in rehearsal the whole question of grief and mourning and the resolving of anxieties concerning the effects of destructiveness leading to construction—indeed the depressive position—might be implied. In other words, rehearsal may perhaps be of use not only as a defence, but also constructively.

It seemed therefore that it might be possible to consider that when analysis permits some of the patient's inhibiting anxieties to be resolved and the patient's ego is thus freed from some of its burdens of conflict, so that compulsive repetitions—games, acting-out—need not occur to the same degree, the first tentative activities of such a freed ego may occur through the use of rehearsals. Such rehearsals may be compounded of both defensive and constructive measures—defensive in the sense of omnipotent control and denial of anxieties, constructive in the sense of tolerating destructive wishes with admission of the guilt caused by such destructiveness.

But the rehearsal of this patient, some of whose analysis has been described, came to be revealed in a very particular setting. Such a setting has as its keynote an element of collusion between the analyst and the patient. That there might be some link between rehearsal as an expression of change from compulsive repetition and acting out on the one hand and collusion in the sense of the qualitative degree of inter-play or inter-activity between the analyst and patient on the other seems therefore worthy of consideration.

Freud, in his postscript to Dora (9), a case which incidentally has evidence of rehearsal features, says: 'When it is possible to work transferences into the analysis at an early stage, the course of the analysis is retarded and obscured, but its existence is better guaranteed against sudden and overwhelming resistances.' This may be considered in its obverse form: When the transference, negative and positive, is allowed to develop with minimum intervention by the analyst, its character becomes very clear, but the sudden appearance of strong negative transference may disrupt the whole analysis. The real problem of collusion in analysis, then, is, I believe, the problem of when or when not to intervene in the development of the transference. On the one hand, early intervention may mitigate the clear-

ness of its expression; on the other-hand, late intervention runs the risk of the patient suddenly breaking off. The ideal, obviously, is something in between, an interplay where the limits are as wide as possible but not beyond the point of interfering with continuation of the analysis. Perhaps in such an interplay, the setting of the analytic situation can become one wherein the patient's conflicts can be most clearly seen and; what is of most importance to the patient, can be consciously experienced and understood by him.

With this I realized that consideration of rehearsal and collusion had led me to one of the most important concepts in psycho-analytic theory—regression; regression particularly with regard to the implication that for analytic cure to result, the regression of which the patient's illness consists must be exposed, experienced, and dealt with.

It was probably Ferenczi who was the first to consider particularly the technical problem involved in regression, and his so-called active techniques seem to have been his attempts at dealing with such technical problems. His paper 'Confusion of Tongues between the Adult and the Child' (15) probably gives the clearest account of his ideas. Similarly Balint (2) in his concepts of Primary Object Love and New Beginnings has expressed his approach to the technical problems of regression in analysis.

Conclusion. In analysis then, the patient's role may be considered to be, in a special way, to show and become aware of his conflicts at early infantile levels where they originated. By consciously becoming aware of his repetitive acting-out of conflicts at these levels—his regression—he may be in a position to arrive at a new solution of such conflicts. Such regression, or rather awareness of such regression, may arise through rehearsals—with breaking down of material to earliest levels. Such rehearsals may arise in analysis in relationship to the interplay that goes on between patient and analyst. How involved the analyst may permit such interplay to become up to collusion may be worth consideration. This is not to imply that collusion *per se* should be attempted, but rather that if it occurs—and it may at times, if only even very temporarily, be unavoidable—the important consideration is the use that is made of it. Indeed it may be at least worth considering that, to use an Irishism, conscious deliberate collusion by the analyst up to an optimum degree may permit fuller and richer

experiencing by the patient of his own conflicts. This raises the possibility that even should the analyst be aware that collusion is going on, the question of when to alter such interplay by interpretative work may be worth consideration.

Such problems concerning regression and their relationship to collusion and rehearsal perhaps highlight the paradox of analysis—that is, that analysis, to which the patient comes at least consciously to some degree in order to become better, involves him in becoming more ill in the sense of more regressed, or rather, more aware

of the full extent of the regression which is his illness.

An important factor in analytic cure may be the degree in which the regression, which is the patient's illness, can be permitted adequate rich experiencing in the interplay or interrelationship of the analytic situation.

The words of Christ as recorded by St. Luke thus become appropriate:

‘Whosoever shall not receive the Kingdom of God as a little child, shall in no wise enter therein.’

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THE REINTEGRATION OF A WISH, A DREAM, AND AN ERROR

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Events constantly occur in the course of an analysis which illustrate the clinical material upon which psycho-analytic theory has been built. In publication, these events are usually presented to illustrate a specific topic, and are therefore often extracted and condensed for the sake of clarity and brevity. The resultant tendency has been for one or the other facet to be apparently emphasized, with a concomitant diminution of attention being directed towards the remainder. While it is a fact that such variations in emphasis are more apparent than real, and are carried out for the above-mentioned reasons, occasional clinical trends have been observed which appear to ignore the basic tenets of unconscious mental functioning as expounded in the psycho-analytic literature.

Instead of transference manifestations, dream productions, acting out, slips and errors, defence mechanisms, other ego functions, id strivings, and superego activities being observed as various aspects of the psychic apparatus as a whole, one sometimes gets the impression of one-sided emphasis that represents a tendency potentially dangerous to psycho-analytic theory and clinical practice.

An event occurred after about two years of analysis in a twenty-six-year-old single woman which permits us to see the interaction of the psychic apparatus in these numerous directions, yet is uncomplicated enough to unravel within the framework of a brief communication. It is presented for the purpose of reaffirming and emphasizing the integral nature and synthetic potential of even the more obviously regressive processes in a neurosis, as well as that of mental functioning in general.

In order to facilitate comprehension of what occurred it is best to begin by presenting the patient's schedule:

Mon. 9.30 a.m.; Tues. 10 a.m.; Wed. 10 a.m.;
Thurs. 10 a.m.; Fri. 1.45 p.m.

Her behaviour in analysis had always been characterized by punctuality and dependability. While the two years had been far from untroubled and

serene, the general impression was one of basic sincerity of purpose and a desire to get well through analysis. On many occasions she had been a few minutes late; however on this particular day, a Friday, she came twenty minutes late and related how several incidents had combined to bring about this unusually late arrival. She made it quite clear that although there were apparent reality reasons for being late, behind them all lay the irrevocable fact that for some reason unknown to her she had thought the time for her analytic hour was two o'clock. Inasmuch as the time for Friday sessions had been constant for a very long period, even she was struck by this trick of memory. Her first association was to see a connection between this and a request she had made of me the day previous (Thursday) to change her time next Monday from nine-thirty to ten o'clock. I had not agreed to her request of Thursday immediately, but had stated that I should have to see if it were possible for me to make the necessary arrangements. After stopping to ponder over her lapse of memory she stated in a puzzled manner that she wondered whether the lapse might have been due to the fact that she wanted to come on the hour on Monday (i.e., 'I wanted to come on the hour Monday and show it by acting as if my Friday session begins on the hour').

It had been apparent in the previous days that many impulses, until then excluded from her manifest behaviour and associations, were struggling for expression (e.g., transference curiosity with fantasies, and anger and annoyance with apparent deprivation of satisfactions in this direction). Even so mild an expression of independence and annoyance as coming late was most unusual and upsetting to her.

Immediately after stating her explanation as to why she forgot the correct time of her session, she began to express anger and annoyance in her associations; she was undecided whether to live on the north or the south side of London. (The place of her analysis is north, her present home south.) How difficult it is to travel. How inconsiderate the south-side people are. They have no consideration for her being a woman. They push and shove. Often there are no seats and she is forced to stand. No one would think of offering a lady a seat. If she moves to the north side, it means giving up a good friend who can be helpful to her; on the

other hand there are many advantages in living on the north side. One thing she felt sure of, though, was the fact that, regardless of her indecision, she would like to live on the north side for a while—preferably near *Swiss Cottage* (a London suburb).

I knew that on Thursday she had expressed a wish for consideration and that I had failed to fulfil this wish. To this one could now add a discrepancy in behaviour from that which her ego would ordinarily have permitted.

I then asked myself if this act represented a further attempt by the patient's unconscious to fulfil this wish. Her initial association seemed to confirm this. I then wondered if this unfulfilled wish had been represented by a dream during the intervening night. Perhaps it had, but if experienced, the dream had proven an inadequate means of discharge, so further expression was achieved through the lapse of memory and unexpected act.

To test my hypothesis further, I asked her at this point if she had had a dream the previous night. She replied immediately: 'I did, but can only remember a bit of it. "Z" and I go to the mountains for a holiday—at least there are mountains in the background—Swiss mountains. There is a river between us and the mountains.'

The marked point by point correlation between the associations before relating the dream and the manifest dream were quite striking; North and South London separated by the Thames—Swiss Cottage as a possible residence—her feelings of being unwanted, to associations related to the other person in the dream, etc. Other associations in the hour then led back to childhood and a long forgotten wish when small, to swim 'on the other side of the river'—something not allowed, in fact not really capable of fulfilment. Associations to it expressed great desire and danger associated with fulfilment, to the point of exposure to actual death because of this profound attraction.

As mentioned above, the associations for the few days prior to the lapse had suggested that unconscious wishes, expressing curiosity and releasing the content of hitherto forbidden passive fantasies, such as to be in contact on a most intimate level (caressed, held close, kissed) were being hinted at in the transference. These apparently found access to expression in the question: 'May I come on the hour on Monday instead of on the half-hour?' While distorted by the ego, acquiescing in reality factors, and disguised by quantitative reduction in the extent of the wishes, the request nevertheless contained in its essence the expression of a forbidden desire, with the analyst, from whom something was wanted, as the object.

My initial postponement of her request for a change in time had undoubtedly inhibited the discharge of fulfilment of the wish. This would help

to explain its attempted reappearance. As we know now, it appeared in at least four different forms; a request to the analyst for change of time, a lapse of memory, associations in the session volunteered without any apparent recollection of a dream, and a dream subsequently related. Let us take each one of these instances in which we know that the same unconscious wish is operative and see what modifications had to take place before it was admitted to expression.

A Request for Change of Time

The patient's request that her analytic time be moved up to the hour contained the wish to be acknowledged as a real person by the analyst (in the analytic situation to be acknowledged as a person who has the right to make certain demands). Such an attitude, even in this form already greatly modified from the infantile one initially demanding expression, had practically never appeared in the analysis. By examining the form which the question takes, we see that the ego has so modified the wish that it now appears as a reasonable request. In the session, the question was actually further modified by clauses worth noting. 'If possible'—'If it can be arranged'—'If it won't upset your schedule'. These clauses again express both the wish and the defence against it. They substantiate the wish to exclude rivals (exclusive possession) hinted at in the question, and also ease the forcefulness of the request and the degree of rebuff should the wish not be fulfilled (i.e., the ego, in a sense, has already partially rejected the request).

Should the question be observed in isolation it would simply be termed secondary to a reality problem. While it was complied with subsequently (the next day) on the basis of reality factors, analysis showed how its fulfilment also gratified, in a sublimated fashion, the wish to be held close, etc. This very primitive desire for passive pleasure certainly carries the connotation that the mother should be willing to be available at any time the need is felt by the infant and that any situation demanding her attention elsewhere be made of secondary importance.

The infantile wish has been markedly changed by the secondary processes. We see more than concessions to reality. As presented, with the modifying clauses, there is, if anything, evidence of overcompliance with reality (i.e., surrender of internal wishes to those of society now internalized). Examples could be given from the patient's analysis to corroborate this.

An Error in Behaviour

To review: The patient arrives more than a quarter of an hour late, and explains that she made an error in judgement, thinking the analytic session began on the hour, not a quarter of an hour sooner. This is the request for Monday, not for Friday.

However, I had not gratified even the sublimated wish on the day before, saying that it would first be necessary for me to check the schedule and let her know the next day (Friday).

She herself immediately associated the lapse with the request. Certain errors in memory and synthetic functioning of the ego can be shown. Friday is the only day she comes in the afternoon. This means that she comes from a different place from usual, and by a completely different route. Actions which should have constantly signalled the fact that this was Friday, not Monday, failed to meet awareness. For even a few minutes after arrival she felt unsure whether the Friday time was on the hour or a quarter of an hour before. Here again one can speculate as to how this comes about. The question is: How has a satisfactory compromise been reached between the unconscious (forbidden) wish and the ego? In what form has it been permitted to appear?

Firstly, she demonstrated the distorted wish. It appears on the wrong day, however, appears as an uncontrolled impulse, and as such is frightening to her. One of her fears is that in analysis she is liable to lose control. By permitting the expression in such a form, she clearly demonstrates to herself how very dangerous it can be. It is as if a bargain had been struck: Allow the expression in this disguised form, evoking surprise and anxiety, and thereby increase the awareness of the ego against further inroads from the unconscious (i.e., lifting of repression partially to evoke anxiety and thus increasing the counter-cathexis against the unconscious wish). It points to the danger (for her ego) of passivity, and increases its activity against passive wishes. As such it allows the discharge of the unconscious wish, but in a form so well disguised that the original wish is unrecognizable if the act is viewed by itself. The lapse therefore is a form of activity. In a sense the ego functions of control over motility, memory, and synthesis are partially overcome in abeyance to the wish, but at the same time that they are serving the unconscious motives, they also serve to increase the defensive actions of the ego against the expression in its original form.

Associations in the Session

The associations show what form of change has been made in the original wish by the secondary processes. Passive, longing wishes have been changed to the 'weaker sex', wishes for greater consideration, an attempt to evoke sympathy, feelings of fatigue, and concern for her physical state. All show a relationship to the reality situation, in that such a move would facilitate travel, but they also suggest the small infant in need of constant attention.

Swiss Cottage, if taken as it appears in the associations alone, carries no specific connotation, and is

therefore admirably suited to the defence requirements of the ego. At the same time, the reference to Swiss mountains in the dream assures us of the fact that it is of importance. It is not far-fetched to recall that a famous pub is located at Swiss Cottage—one well known not only for the quality of its liquid refreshments but for its meals as well. Travel from here to the place of analysis is possible by two routes, each a direct connection—by bus (above ground), or by tube. Certainly the latter contains in its condensation associations to womb fantasies (mother earth, etc.), while the former can be to the breast. In fact from the bus window one can see the pub with its multifold associations. To this can be added that the patient knows where her analyst resides. His home is in a district adjacent to, and yet distinct from, Swiss Cottage. While riding from Swiss Cottage to the place of her analysis, she would pass the block of flats in which the analyst lives shortly after the pub described above is viewed from the bus window. It is a tall block which towers over the average dwellings in the neighbourhood.

Even the river can be traced back from its neutral meaning of dividing London into two parts. In its symbolic form it represents graphically the patient's tendency to isolate. Giving up the girl friend carries a connotation of loss, and has reference again to the sibling rivalry and associated ambivalence. The recall of the early memory (the wish to swim on the other side of the river) is a reference through an apparently neutrally charged screen memory to things of great attraction; yet fatally dangerous. Subsequent follow-up of these in analysis showed that they too were associated with womb fantasies. The river reminds us of Greek mythology, the river Styx, and thus is again a cross-reference to travelling by tube. Lastly, the wish to find a home, a resting, eating, and sleeping place, can in turn be fitted into each one of these references. In a later session she went on to make plans to move to Swiss Cottage, and in fact moved in with the parents of her sister's husband.

The initial change made by the secondary processes is, therefore, displacement of cathexes from the primitive to more highly refined, more common symbol-related associations connected by common symbols. The wish for exclusive possession, in the context described above, carried with it the connotation of depression, and destruction turned against the self. The ego expression of this, however, is in an active, constructive form—an active attempt to find a situation where she can share such a relationship without endangering her integrity. This can be accomplished by the ego admitting the instinct expression in its opposite form, substituting active for passive, and thus as the wish to have a baby. Subsequent identification with the child would thus be a compromise granting maximum fulfilment of the wish in an ego-syntonic form.

The accuracy of this was all too well corroborated at a later date when the patient became pregnant while on holiday from analysis. Instead of feeling rejected and reacting with aggressive thoughts and depression, steps were taken actively to insure against such feelings becoming conscious.

The Manifest Dream

The marked correlation of the initial statements and associations in the session to the dream subsequently related has already been referred to. It is worthwhile, however, to compare their structures. The associations in the session were on a reality basis. The ego has not been affected by sleep, and therefore the unconscious wish has been permitted expression only insofar as it conformed to reality testing, and then only in the disguised form already described.

In dreams, reality testing can be dispensed with as long as the dreamer sleeps. We expect changes to be effected in the primitive wish by the secondary processes, if the dream is to serve its main function of preserving sleep. It takes a form suitable for plastic representation, as well as utilizing symbolic representation to facilitate expression (discharge) and disguise of the wish (displacement, condensations, etc.).

The person 'Z' was well chosen to represent the 'provider' as he once played this role in reality, still does but to a lesser extent, and as such is no longer a direct reference to the unconscious wish. Switzerland as a provider of dairy products and the symbolic significance of mountains in the primary process need no further explanation. Here in the manifest dream, as in the associations previously studied, we see the use of displacement aiming at substituting less highly cathected subjects and situations. The setting has been moved to a locale associated with pleasant memories, a country where we easily accept the mountains as background, and occasionally feel the urge to get closer and explore

their mysteries and attraction. Here both ease of plastic representation and the fact that reality testing need not be complied with, along with displacement, use of symbols, and condensations, permit the dream to express this wish from the unconscious. Sleep permits, in fact facilitates, this form of expression due to changes in ego function, while during the day there is utilization of motility and the need to acquiesce to reality, as well as an increase in all the ego's functions as factors deciding the mode of discharge. The successfulness of the dream functioning can be measured by the fact that the manifest dream gives no indication directly of the causes for concern from the day before, and the wish-fulfilment did not disturb sleep.

The dream and its associations would follow the same pathways to the unconscious wish as have already been described under 'Associations in the Session'.

Summary

An opportunity occurred during an analysis to follow the reappearance of a specific infantile wish, long ago repressed into the unconscious. The analytic situation (free association, slips, behaviour in the transference, dream interpretation) made it possible to observe the modifications this instinctual wish had to undergo in each case before the ego permitted expression (i.e., what defence mechanisms the ego brought into action during sleep and wakefulness under the specific situation of analysis), and how a compromise was reached in a neurotic conflict between instinctual expression, superego, and the ego. The nature of the situation permitted an attempt at reproduction to reaffirm the basic tenets of psycho-analytic theory regarding mental functioning.

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OBITUARY

KARIN STEPHEN

1889-1953

It is difficult to write about Karin Stephen without also writing about her husband Adrian Stephen, whose obituary appeared in this Journal in 1948. Together, in 1920, after both having had distinguished careers in other fields, they decided that 'the study of human personality was the most interesting and important task for anyone in our generation, it was the growing edge of knowledge'. So, giving up their other work, they set about becoming trained as analysts; this meant settling down, when both were over thirty, as first year medical students, amongst young men and women straight from school. Many of their fellow students will remember them as an arresting couple, he tall and gaunt, she short and sturdy—with an ear trumpet—coming in late for lectures and sitting in the front row. For those who had the privilege of coming to know them as friends it was soon clear that here was a unique and fascinating combination of arresting personalities. Essentially, wherever they lived, they created an atmosphere of spaciousness. Together with the spaciousness there was also an easy unconventionality, particularly in their holiday home on an East Coast creek; it had been an inn where laden barges used to call, for the high spring tides would reach right up to its walls; and there the shining east coast air and sharp salty tang of the mud seemed somehow symbolic of so much that was also in them. There was always a readiness for every kind of adventure, whether intellectual or physical; often the two were combined, as when, out in their sailing-boat, a vivid discussion of psycho-analytic theory would be suddenly interrupted by finding the boat had run on a mud bank. How they escaped major disasters seemed something of a miracle, and they did once lose their mast when out to sea off Harwich. But apart from such special adventures, Karin particularly had a gift for endowing whatever was done in her company, however ordinary, with a flavour of excitement, almost of escapade. And she herself, though physically a

small woman, gave a peculiar impression of something more than life-size, a kind of shabby magnificence. Though a highly personal quality, something of its origins could be surmised, as coming from the incongruities of her background: Northern Irish Catholicism, American Quakerism, a broken home, conventional English schooling, Bertrand Russell as a teacher, and a brilliant native endowment, all had surely played their part. For her mother had been a Philadelphia Quaker (with an interesting ancestry prominent in some religious sect), and her father a Northern Irish convert to Roman Catholicism; and Karin had adored him. But there were rifts between the parents, leading to her mother leaving her and her sister and her father; when she was ten her father had died. She and her sister, having been brought up as Catholics, were then looked after by the Quaker grand-mother; and soon she went to a famous English girls' boarding school, famous for games and conventionality. Here she became hockey captain and head girl, and won a scholarship for Newnham. Her brilliant career at Cambridge, where she took the Mental and Moral Science Tripos, was interrupted by serious ear trouble, so she went away for a year, to Bryn Mawr, on account of her health. She returned to take a Double First and stayed on as a Fellow of Newnham. In 1912 she was elected to membership of the Aristotelian Society; she had been a pupil of Bertrand Russell (who was also her uncle by marriage), and when she read her first paper to the Society, he was in the chair. It is probable that she wrote her book on Bergson, *The Misuse of Mind*, at about this time, although it was not published until 1922.

In 1912 she married Adrian Stephen, son of Sir Leslie Stephen, and acquired as sisters-in-law Virginia (Woolf) and Vanessa (Bell). When the 1914 war came, Adrian refused military service on conscientious grounds and together they organized a dairy farm. Her two daughters were born in 1915 and 1918. Unhappily the ear trouble continued and led to a series of opera-

tions, one of which resulted in the tragedy of a partial facial paralysis; this was a particularly cruel stroke of fate, for in her early Cambridge days she had been outstanding for vivid beauty and expressiveness.

During the 1920s she and Adrian underwent their training analysis with the same analyst, James Glover, until his death in 1925. In 1927 Karin went for a time to Baltimore, studied at the Sheppard and Enoch Pratt Hospital, and worked with Clara Thompson in analysis. She returned to private practice in England, and also gave the first course of lectures on psycho-analysis ever given at Cambridge University. These were highly successful, and the course (six lectures) was repeated over several years; they formed the basis of the book published under the title *Psychology and Medicine: a Study of the Wish to Fall Ill*. From then on she lectured from time to time, or wrote on psycho-analytic and related subjects. A paper (1934) on 'Introjection and Projection: Guilt and Rage' is particularly significant, both in connection with her interest in psychotic patients and as showing the way she used her training in philosophy in giving expositions of psycho-analytic concepts: in this instance, the concept of the 'internal object'.

Always questioning, always slightly rebellious against the orthodox, in psycho-analysis as in other matters, she never quite found her place, or the setting in which her gifts could be fully used for the Psycho-Analytic Society. But indirectly she did contribute, for she provided the continual background for her husband's work on the organizational side of the Society's activities. And to those younger analysts who met her, her quick grasp of any intellectual problem was a delight and an inspiration. But as the years went on her health deteriorated, and after her husband's death she was fighting a losing battle.

She was indeed a brave spirit, constantly struggling against forces which finally overwhelmed her. Perhaps she ought never to have been an analyst; perhaps her great gifts, her fearlessness, her honesty, her dry humour, qualities which gave her clarity of intellect a rich and stimulating power, should have been used in some other field. Or perhaps the attack on the unknown in human personality is the ascent of an Everest which must have its casualties; and these explorers should be remem-

bered for their endeavour as well as those others who return safely. Amongst a number of unpublished papers that she left behind is the manuscript of a book entitled *On Human Misery*; it is hoped that this will be published posthumously.

Marion Milner.

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Dr. RUTH BURR

With the sudden and unexpected death of Doctor Ruth Burr, on 14 December, 1953, at the age of 62, the Boston Psychoanalytic Society and Institute, Inc., lost a devoted member.

Dr. Burr was born in Sacramento, California, where her family had lived for several generations. She graduated from the University of California Medical School in 1920 and began to specialize in psychiatry at the State Hospital of Warren, Pennsylvania, in 1927. Her analytic training was begun at the London Institute of Psycho-Analysis in 1929, where she spent two and a half years, and was resumed in Boston in 1933, where she became a member of the Boston Psychoanalytic Society in 1942, and of the

American Psychoanalytic Association in 1943. During the Second World War she was an active contributor to the work of the Clinic of the Boston Psychoanalytic Institute.

Dr. Burr's major professional work during her last twenty years in Boston was her private practice, in which she demonstrated a fine talent and unflagging patience in the treatment of some especially difficult cases. She will be remembered as a kind, generous person of rare integrity and as a skilled psycho-analyst who was deeply and effectively devoted to her patients.

Joseph J. H. Michaels.

GÉZA RÓHEIM

1891-1953

Géza Róheim had the good and bad luck to be born the only child of fairly well-to-do parents. Their house was well known throughout Budapest for its hospitality, excellent kitchen, and still more excellent wines, grown in their own vineyards.

He was an over-protected and rather spoilt child, as is illustrated by an anecdote which he related on many occasions of an incident which, he said, had a considerable influence on the choice of his life-interest. When he was in his early teens, his father opened an account for him at one of the oldest bookshops in Budapest. The old assistant there, recognizing Róheim's

insatiable avidity for reading, directed his interest towards folk-tales, myths, and first-hand records of primitive tribes. Thus, at an age when fairy tales are usually read for amusement, Róheim laid the foundations of his magnificent library, and of his almost encyclopaedic knowledge of the original sources of what, on the continent, is called ethnology. While still a student at a grammar school in Budapest he was invited to give a lecture to the Hungarian Ethnological Society (the Hungarian equivalent of the Royal Anthropological Society), and in 1911, when not yet 20, he published his first paper in the *Journal* of that Society, on 'Dragons

and Dragon Killers'. This paper, by the way, is the first in the whole of anthropological literature in which a professional anthropologist fully accepted and used psycho-analytic findings.

Anthropology—except in its physical aspects—was not yet at that time recognized as a proper science by most continental universities. There was no chair of anthropology in Hungary, so Róheim went to Leipzig and Berlin. Even there he had to take geography as his principal subject for his Ph.D. examinations, with anthropology only as a subsidiary. It was during his university studies that he came across the works of Freud, Ferenczi, Abraham, Jung, and Ricklin, and decided that a real understanding of anthropology could only come from psycho-analysis.

On his return from Germany he joined the staff of the Ethnological Department of the Hungarian National Museum, a post he held until 1919, when the counter-revolution forced him to resign. For many years after his resignation his former colleagues rang him up time and again whenever some odd request or query had to be answered, or when something could not be found. Róheim invariably knew when and why such-and-such an exhibit had been stored away and where it should be looked for.

In 1916, when Ferenczi was relieved of his onerous war duties as the medical officer of a squadron of Hussars and was posted to a hospital for war neuroses in Budapest, he was allowed to re-start his private practice on a part-time basis. Among his first patients were two persons who subsequently played very important parts in the development of psycho-analysis: Melanie Klein and Géza Róheim. As there were at that time no training regulations and no training committees, both of them were encouraged by Ferenczi to use their therapeutic analysis for professional training also; and they both attended the Budapest Congress in September 1913, Mrs. Klein as a guest and Róheim even then as a member, having been elected in March 1918. From that year until the Paris Congress in 1938, apart from the years when he was away on his expedition, Róheim attended practically all the psycho-analytic congresses and gave a paper at each of them, reporting on the development of his ideas. He was a vivid lecturer, making hardly any use of his manuscript. Some of my older colleagues may remember his feat at the Innsbruck Congress in September 1927. There were hardly any English papers prepared for that Congress, and,

at the last minute, at the request of the President, Róheim discarded his German manuscript and delivered his address in English.

As the years passed his fame grew rapidly, both in anthropological and psycho-analytical circles. In 1921 he was awarded by Freud the prize for the best scientific paper in applied analysis, for his paper on Australian Totemism. (This was the second award of this kind, the first having been made to Theodor Reik, also for an anthropological paper, 'Puberty Rites of Savages'.) Róheim's great desire was to test his theories, based on reading other people's reports, by first-hand field studies, i.e. by an expedition to the primitive peoples concerned. The munificence of Princess Marie Bonaparte enabled him to fulfil this ambition and to spend the years 1928-31 in field work in Somaliland, Central Australia, the Normanby Islands, and with the Yuma Indians in Arizona. This expedition was the very first undertaken by an analyst with the explicit aim of studying not only conscious but also unconscious material, and above all of studying systematically the dreams of the peoples visited. To prepare himself for this task Róheim took up personal analysis once more, this time on Ferenczi's advice with Vilma Kovács in Budapest. After his return from his expedition he continued his studies until he graduated as a therapeutic analyst, eventually becoming a valued training analyst at the Budapest Institute.

As everywhere else throughout his life, so on his expedition, Róheim was accompanied by his wife Ilonka. Their marriage was one of those which are inexplicable and incomprehensible to everyone except their most intimate friends. Géza and Ilonka quarrelled and disagreed all the time, but were inseparable. Their two lives were but one life, and although each was always critical of and dissatisfied with the other, they could not do anything without one another. I well remember how, when, in 1922, Géza gave a course of lectures on psycho-analytical anthropology at the Berlin Institute, Ilonka had to sit in the audience. One day Géza could not get on at all; generally an excellent lecturer, on this occasion he mixed up his sentences, had to correct himself, forgot his data, and was apparently in a hopeless muddle. Ilonka arrived rather belated and guilt-laden, and, after a few angry looks, Géza got hold of the thread of his address again and started off happily. When the plan for the expedition was prepared it was accepted as a matter of course

that Ilonka must go too. She was to look after the material needs and in addition collect material from the women and children. In order to be able to do so, she too underwent personal analysis. During the expedition they really lived with the people they were studying, living in tents, eating their food, and speaking their language. For many years after, whenever they had anything to say to each other which was not to be understood by the rest of the party, they turned to the Aranda or Pitchentara languages which they both spoke fluently.

I am not qualified to speak of the greater, the anthropological, part of Róheim's scientific work; that is a task for a professional anthropologist. I wish only to record here that a list of his publications up to 1951 was printed in *Psychoanalysis and Culture* (International Universities Press, New York, 1951), a symposium of essays in honour of his sixtieth birthday. Of his many important contributions to pure psycho-analysis I wish to recall his address to the Berlin International Congress, 1922, 'After the Death of the Primal Father', in which, using anthropological material, he came to almost the same conclusions about the dynamic structure of melancholia and mania as Abraham had done, on the basis of clinical experience. It was a great event for all of us to witness this remarkable mutual confirmation of clinical and applied psycho-analysis. In accordance with the programme, Róheim's paper was read one day before Abraham's, and it seems worth recording that the otherwise rather imperturbable Abraham was one of the first, very excitedly, to congratulate Róheim, who got all the applause due to the first announcement of an important step in the advancement of our knowledge. It is unfortunate that this, the second, step in our understanding of the problem of melancholia is usually attributed to Abraham alone, and that we are thus deprived of one of the greatest satisfactions that science can afford: the joining up of two independent lines of research.

As mentioned earlier, Géza was a spoilt and over-protected child, and in a way he remained such all his life. He had to be looked after by sympathetic people, and there were many, especially women, who were willing to do this. He responded with gratitude, sincere friendship,

and often with more demands,—as a child would do. His straightforwardness and sincerity was also that of the child; for diplomatic niceties, clever moves of power politics within the Society or Association, he had no understanding. If a dispute or a problem arose, one could be certain that Géza would take part in it with unbiassed simplicity, insensitive to all the other implications,—a really heartening experience. But, like every over-protected child, he was always insecure, always suspicious, always expecting some highly unscrupulous, uncalled-for attack, unconditionally devastating. Everyone who was not his proven friend was a potential, even an actual, enemy—as is the case in primitive fairy tales.

In many ways Róheim was unpractical, in need of care and help and, above all, affection. Yet he was a good sculler, a first-class fencer (a constant sparring partner of the Hungarian Olympic Fencing Team who, I believe, have never lost a championship), and an explorer. Despite his constant apprehensiveness he had a most charming personality, cheerful, witty, with an inexhaustible fund of absolutely reliable information on people's beliefs, myths, fairy tales, ways of life. If anyone needed help over some anthropological fact, Géza was always ready, always willing, always reliable, and always well informed.

I have said that Géza and Ilonka were inseparable; and this remained true to the end. Ilonka died at the beginning of 1953; from then on Géza was only a shadow of his former self. Although he tried to settle down to a new life, and even planned to give a paper to the London International Congress, somehow the old verve had gone. Without pressing reason, he underwent a not very dangerous operation, and although this was successful he could not recover, and died only a few months after his wife had left him.

The analytic movement has lost a charming man, a most knowledgeable anthropologist, a reliable training analyst, an indefatigable research worker, and, above all, one of its true pioneers. I personally have lost a true friend; the last one belonging to my early years as an analyst.

Michael Balint.

ABSTRACTS

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THE PSYCHOANALYTIC QUARTERLY 21, 1952, No. 4

Edith Weigert. 'Contribution to the Problem of Terminating Psychoanalyses.'

The resolution of the countertransference is presented as a means of determining the approaching termination of psychoanalysis. The disappearance of symptoms is not always a reliable guide, and the ideal goals of mature adaptation to reality can easily become impositions of the superego, which elicit self-deception and pretence. In terminal phases of analyses the resolution of countertransference goes hand in hand with the resolution of transference, which Ferenczi first called to our attention. Countertransference, particularly its empathic aspect, has been more keenly observed in recent psychoanalytic literature. When the phenomena of transference and countertransference recede, analyst and analysand can be more direct and frank with each other, the psychoanalytic situation is largely cleared of anxieties and defences against them, and the road is opened for the synthetic functioning of the patient's ego. (Author's Summary.)

Eli Marcovitz. 'The Meaning of *Déjà Vu*.'

The feeling in *déjà vu*, "I have experienced all this just this way before", is better understood if it is thought of as "*encore vu*": "I am experiencing all this again; I am having a second chance". It is an illusory fulfilment of a wish that one could repeat some previous experience so that one could make the outcome accord better with a desire: "If it be true that I am re-experiencing this, then I can hope that I will have a second chance to realize some other more important unfulfilled wish". Latent *déjà vu* wishes occur at various levels of awareness; some are readily available to consciousness; others, more primitive, are deeply repressed. (Author's Summary.)

René A. Spitz. 'Authority and Masturbation.'

This study of official medical and pedagogical attitudes towards masturbation is based on an

extensive study of the medical, psychological, and pedagogic literature of the last 250 years. The 314 relevant references are printed at the end of the paper. In investigating the changing attitudes of society to masturbation Spitz has been especially concerned to demonstrate the influence of psychoanalysis in introducing a progressive, non-punitive attitude to the problem. As a result the statistical methods employed by him do not take into account the possibility that the psycho-analytic movement is itself part of a wider social process that has operated in the direction of an increasingly tolerant, non-authoritarian attitude towards sexuality.

According to Spitz the existence of a social (as opposed to religious) moralistic attitude towards masturbation dates from the beginning of the 18th century with the publication of Bekker's *Onania*. For the next hundred years there was increasing medical interest in the subject, the ill-effects attributed to masturbation ranging from 'impotence to epilepsy', but in general the attitude towards it was therapeutic and the treatments recommended were mild and unsadistic. In the 19th century there was a shift towards a suppressive attitude, with, in the second half of the century, 'sadism becom(ing) the foremost characteristic of the campaign against masturbation'. This sadism was shown in the advocacy of surgical methods of treatment, especially in English-speaking countries. Spitz relates the 19th-century suppressive attitude to the Industrial Revolution, but does not discuss the influence of the discovery of anaesthetics on the advocacy of surgical methods of treatment.

The decline in sadistic and punitive methods of treatment in the 20th century is attributed to the influence of psycho-analysis and began earlier in German- than in English-speaking countries. Actually the figures given by Spitz do not altogether bear this out, as they show that a clear decrease in the advocacy of surgery and a possible decrease in other sadistic methods began before 1905, i.e. before the publication of Freud's *Three Contributions to the Theory of Sex*, and possibly as early as 1880. They do however show clearly the influence of psycho-analysis on contemporary medical attitudes to masturbation.

Richard Renneker. 'Presleep Mechanisms of Dream Control.'

In this paper Renneker presents clinical material pointing to the existence of pre-sleep mechanisms of dream control, i.e. ego-activities designed to control or prevent dreams by reducing tension

before falling asleep. He postulates three basic mechanisms: (1) physiological, substitutive, partial gratification of id demands; (2) the establishment of a presleep sense of ego-mastery; and (3) discharge of the dream while still partially awake. Attention to what has occurred before sleep may help in the understanding of the subsequent dream or explain why there has been no dream.

Géza Róheim. 'The Anthropological Evidence and the Oedipus Complex.'

In this short paper Róheim presents material rebutting the opinion expressed in a recent article in the *Psychoanalytic Quarterly* (Johnson, Vol. 20) that anthropology offers little if any support to the view that if infants and children are reared in a culture permitting uninhibited sexual activity they do not develop an oedipus complex.

David L. Rubinfine. 'On Denial of Objective Sources of Anxiety and "Pain".'

This note reports a clinical observation bearing on the question as to how and when the ego loses its infantile capacity for denying objective sources of pain and anxiety. It is suggested that the establishment of the super-ego, which introduces guilt into the psychic economy, results in a restriction of the efficacy of the mechanism of denial and that the 'pain' resulting from the recognition of objective reality is used by the ego partly to satisfy the unconscious need for punishment.

Charles Rycroft.

THE PSYCHOANALYTIC QUARTERLY

22, 1953, No. 1

Richard F. Sterba. 'Clinical and Therapeutic Aspects of Character Resistance.'

Reich's book *Character Analysis* did not appear in an English translation until 1945, and judging by the continued interest in Reich's ideas, especially among students, their re-examination is of more than historical interest.

Reich's first aim was to make analytic therapy a systematic procedure. The key to this was a systematic and even a layered approach to resistances, which must always be tackled before the unconscious content was communicated to the patient. This was particularly emphasized concerning all transference situations. Since analytic therapy disturbs the neurotic equilibrium, Reich regards all transference situations, indeed all relationship to the analyst, as the expression of resistance, particularly at the beginning of treatment. Thus the patient must react to the intrusion of the analyst either with open rebellion, or, if this is felt to be too dangerous, with 'secret' resistances which are even more 'dangerous' than open negative reactions. Reich therefore refuses to accept

at its face value any positive transference manifestation at the beginning of treatment.

The initial transference resistance expresses itself in a specific form which is characteristic of the patient's personality. This form is used over and over again by any further resistances which the patient develops during his analysis. Since it is characteristic Reich calls it the 'character resistance'. Its consistent analysis he considers to be his therapeutic innovation, and this he calls 'character analysis'. He is particularly concerned with the secret resistances and believes that if neglected they destroy all therapeutic efforts. If material is interpreted from a deeper layer than the one to which the secret resistance belongs, the analyst creates a 'chaotic situation'. He claimed that his technique was the only correct one because it strove to undermine the neurosis in all directions from a firm stronghold.

Reich spoke as though the analysis of resistances was his special contribution to psycho-analysis, whereas in fact psycho-analysis began when symptoms were recognized as the result of conflict between instinctual drives and the ego, and therefore resistances had to be taken into consideration. In his insistence on the resistance of the patient at the beginning of treatment every positive feeling of the patient to the analyst became suspect. Freud's views are quite clear and may be taken as an argument against Reich: though the transference love may be used by the resistance, it is not a product of the resistance and is not impugned by it. According to Sterba 'Reich's technique of dealing with the transference seemingly is the outgrowth of his own suspicious character and the belligerent attitude that stems from it'. Under the impact of his technique the patient must develop negative reactions since, if the genuineness of his transference love is always questioned, he must feel frustrated and unaccepted.

Reich always ignored the basic characteristic of infantile instinctual life known as ambivalence. He thought that originally the drives have only loving aims, destructive aims being developed only in response to their frustration. It is this which made possible his theory of the personality constructed in the form of layers. Thus if negative signs appear among positive ones in the transference this is never the expression of an ambivalent attitude but of negative ones breaking through the positive surface from a deeper layer or *vice versa*. This explains the rigid layering in his technique and his erroneous expectation of the catastrophes which followed from interpretation of the wrong layer. It also means that the flexibility of the analyst in responding to his patient's needs is impeded.

By equating the cardinal resistance with the character of the patient Reich produced a concept of character based on psycho-analytic technique, which is quite inadequate. He ignored the organic basis of the character, and the influence of the super-ego.

The contrast with the concept of character developed by Anna Freud is enormous. According to her, character consists in the whole set of attitudes habitually adopted by an individual ego to deal with the conflict between the id urges, the dangers coming from the outside world, and the threats of the super-ego. In thus broadening Reich's therapeutic bottleneck Anna Freud emphasizes the concept of defence in contrast with Reich's almost exclusive preoccupation with resistance. She obviously has Reich in mind in pointing out the injustice which is done to the patient if his transferred defence reactions are regarded as deceptions. Anna Freud says especially that she considers the term 'character analysis' not very appropriate for ego analysis and defence analysis. The term 'character resistance' is not used by her at all. Such a term is inappropriate because there is no justification for identifying a specific reaction which serves as a characteristic defence in analysis with the totality of reactions of a personality which is appropriately called character.

Lawrence S. Kubie, 'Some Implications for Psychoanalysis of Modern Concepts of the Organisation of the Brain.'

In a learned and difficult paper Kubie surveys a number of converging streams of recent research on the central nervous system in order to indicate some of the ways in which they may illuminate psychoanalytic theory and therapy. He reviews such questions as how activities are generated in the central nervous system, and whether exteroceptive and interoceptive impulses can alter the quantity of energy in this system or only its distribution, and he points out the importance of such questions for the understanding of problems of dynamics and memory.

Combining the work of Bateman and Papez, Penfield and MacLean, he discusses the difference in memory rôle of the sensory cortex and of the temporal lobe. He points out that the rhinencephalon, much of which lies in the depth of the temporal lobe, includes archipallium, paleopallium, and mesopallium, and has extensive connections with the hypothalamus. It is thus the crossroads for external and internal perception, for past and present, for the phylogenetically and ontogenetically old and new. Following MacLean's conception of the visceral brain, he regards this as the physical basis of the 'gut' component of memory. In psychological terms it is the part of the brain where the I and the non-I poles of the symbol meet—since he regards every symbol as 'anchored simultaneously both in the world of internal and external perceptions'. The visceral brain is thus the organ of the central nervous system which can mediate translation into somatic disturbances of psychological tensions. It is the psychosomatic organ.

Kubie believes that Penfield's 'centrencephalic system', a diffuse neuronal system centred high in

the brain stem and including the cell masses of the thalamus, is a conception which may help in the solution of the problem of the mechanism of conscious, pre-conscious, and unconscious processes, and of repression. Since cortical lesions, no matter how extensive, do not obliterate consciousness, it is probable that, in Penfield's words, 'the indispensable substratum of consciousness lies outside of the cortex'—possibly one area is round the third ventricle and at the cephalic end of the brain stem. If this is true, and if Penfield's work on the storage of organized memories in the cortex of the temporal lobe is also valid, then we may speculate as follows:

(a) In the temporal lobe "cortical patterns preserve the details of experience as though in a library of many volumes" (Penfield).

(b) To render these stored patterns conscious may mean to bring them into relationship with one or another of the indispensable substrata of consciousness, one of which may prove to be the centrencephalic system.

(c) If so, then to render something unconscious is to interrupt its linkage to these indispensable substrata. . . .

(d) The mechanism of these processes . . . would be comparable to the release or inhibition of a spinal reflex under the influence of upper motor neurons.

(e) Through this analogy one can recognize the possibility of at least three levels or states of awareness, and maybe more, just as on lower levels . . . there are at least three possible relationships between upper and lower motor (sensory) neurons, resulting in inhibition (to the point of obliteration), release, or augmentation, so at the highest level three comparable relationships between the temporal cortex and the "indispensable substrata" are at least conceivable to correspond respectively to repressed (Ucs.), released conscious (Cs.), and augmented pre-conscious (Pcs.) levels of function.

The author goes on to discuss activator systems, surveying recent work on the relation of the ascending reticular substance in the brain stem, the vagus complex, and respiratory stimuli to the production of states of tension, drowsiness, sleep, etc.

The experimental approach to such problems opens many vistas for co-ordinated research by psychoanalysts and neuro-physiologists. Electric stimulation has revealed a spectrum of memories, at least in patients with psycho-motor epilepsy, from those mediated predominantly by verbal clues at one end to those extremely vivid memories of sensation at the other which are 'the very stuff of dreams and symptoms', the specific reliving of specific experiences in life in which the subject participates both as observer and as observed with his entire somatic and emotional apparatus. 'If it should prove that any of these data had been repressed, then electric stimulation of the temporal cortex may evoke in a few moments precisely that type of re-experience of the past which the analyst

struggles for days, and weeks, and months or years to achieve.'

Equally, at the other end of the spectrum of memory, are the generalizations from many past experiences represented by a verbal symbol. The existence of this contrast 'suggests that the raw material of memory is stored in the central nervous system in more than one way, and that these varied hiding places are not equally accessible'. The words in which such memories are clothed have a predominantly intellectual, neo-pallial, and relatively non-emotional content. Furthermore these verbal clues are linked predominantly to auditory and visual imagery. But the same experiences are at the same time stored as precise, specific 'gut' memories, *sometimes even without words*. These memories are much more difficult of access. This suggests to Kubie that words serve to a far greater extent than has been realized as screens to cover sensory or 'gut' memories, so that language presents a far deeper problem to the psycho-analyst than has been appreciated.

Following the paper there is a discussion with contributions by MacLean, Margolin, Ostow, Lewin, Lilly, and Kris, and a reply by Dr. Kubie.

Martin H. Stein. 'Premonition as a Defence.'

A fragment of an analysis shows how a man had used what was apparently a premonitory dream of his father's death as a defence against guilt over his unconscious death-wishes, and thus averted a serious depression.

William N. Evans. 'Two Kinds of Romantic Love.'

Reviewing some of the literature of the mechanism of normal romantic love the author points to the projection of the ego-ideal upon an object (which reduces tension between the ego-ideal and the ego) and its motivation in unconscious guilt.

He contrasts with this a neurotic type of romantic love, in which the lover is doomed to defeat at the hands of an idealized *femme fatale*. This second type has dominated Western tradition since the Troubadour revolution of the eleventh century. Supporting his analysis with clinical examples he traces the psychological origins of the tradition in a masochistic fixation upon the image of the cruel and dangerous pre-oedipal mother.

The Troubadour type of romanticization is the product of a different form of degradation of the erotic life from that which springs from a failure to fuse the tender and sensual images which belong to the oedipal mother. 'Whatever the oedipal mother is, she is not cruel and dangerous.' Therefore the Troubadour romanticization conceals both a masochistic fixation and an inability to experience mature love. By this concealment of the true situation the Troubadour spares his narcissism.

Even in the oedipal position traces are evident of the struggle which the Troubadour type has failed

to solve. The gallant consideration of the 'weaker sex', which 'resists', 'yields', and 'succumbs'—metaphors obviously borrowed from the mediaeval battle-ground—must be understood not only in terms of castration, but also as a defensive reversal of the passivity of the boy's earlier situation, with the projection of the cruel mother-image upon the father. In analysis what sometimes appears as an obdurate clinging to an oedipal position may be merely the desperate attempt to repudiate the passive rôle from which the boy has just escaped.

Morris W. Brady. 'The Unconscious Significance of the Corner of a Building.'

A patient's phobic avoidance of the corners of buildings is analysed as the pretence of innocence whereby he could deny that he had ever seen the front of the building (the genitals of the mother). Behind this pretence he unconsciously indulged his fantasies of the forbidden incestuous desires to be found around the corner. This is compared with Feldman's interpretation of dreams of examinations and of missing trains as attempts to discharge incestuous genital drives behind a façade of painful affect.

John Klauber.

THE PSYCHOANALYTIC QUARTERLY

22, 1953, No. 2

Henry Alden Bunker. 'Tantalus: A Pre-Oedipal Figure of Myth.'

In the Homeric account of the descent of Odysseus to the underworld two other penitents are mentioned in addition to Tantalus: Sisyphus and Tityos. Only the crime of Tityos, the attempted rape of the consort of Zeus, is specified. Bunker shows that the three penitents are one penitent, and reveals the oral stamp of all three punishments. By the *lex talionis* an oral punishment can only be merited by an oral crime. But the only crime mentioned is an oedipal one. This 'unrepressed' oedipal crime must therefore be a cover for a 'repressed' oral one. Thus oedipality is here used as a defence against pre-oedipality. The story shows the self-condemning, self-torturing tendencies at work in the service of that unconscious masochistic gratification with which, the author thinks, it may be the most important of the analytic tasks to deal.

Bertram D. Lewin. 'Reconsideration of the Dream Screen.'

From the start the idea of the dream screen as a flat projection screen similar to a cinema screen, and representing the breast, seemed to Lewin to be too simple. He thought that the dream screen must clearly be related (a) to the hypnagogic and hypnopompic phenomena described by Isakower—typically the approach to the beginning sleeper of a large, dark, round mass which produces corrugated

feelings in the mouth and skin accompanied by a loss of ego-boundaries, and (b) to so-called blank dreams.

The visual elements of the Isakower phenomena, which also represent breast experiences, may be equated with the visual elements of the dream screen. The apparent contradiction between the flatness and the roundness is resolved if one remembers what the baby's perception of the breast must be. Then the flatness can be understood as the flatness of a perceived segment of an enormously curved body.

Blank dreams (of which there is a whole class) represent similar experiences to those of the Isakower phenomena, only here the sharp visual images, or screen proper, are in abeyance. In some of these it is the memory-traces of very early falling asleep which give the formless, elusive affect. These earlier experiences may also be portrayed modified by later experience of the breast. Equally originally non-visual elements may come to be represented pictorially.

Clearly the term 'dream screen' is inadequate if it is extended to cover too many such phenomena. Besides, the blending of the original 'flat' image with later experiences means that the screen, or the dream as a whole, may come to be represented by solid articles, experienced in connection with oral satisfactions either during the suckling period or later—e.g. the finger, rubber, or glass. Again, for the original 'screen' of the breast may be substituted a later 'screen' or similar object representing, say, the abdominal wall, this substitution being the source of many fantasies of gnawing through the abdominal wall and then sleeping or being fed inside the mother's body. Later 'screens', such as walls, blackboards, and television screens, appear in dreams connected with the primal scene: they express the wish of the dreamer to preserve sleep through the duration of parental intercourse. Moreover the dream screen can occur, so to speak, during the waking state, as in hallucination, depersonalization, and other phenomena.

There is a class where the screen equivalent is a more ethereal, nebulous, or fluid object. Though these may lack ideational representation, they are intensely cathected. These dreams may be nightmares, they may be especially comforting, or they may be libidinal to the point of orgasm. Rycroft has shown that such dreams may signify a turning point in analysis. Such dreamlike, cloudy states are frequently prodromal to manic attacks.

Just as the optical impressions of nursing attain some permanence in the form of the dream-screen and become associated with concrete ideas, so these nebulous and ill-defined perceptions become linked with pure ideas and pure feelings, perceived in the same immanent fashion—e.g. the mystic union with God directly apprehended. In such ecstasies the super-ego, or better, the ego-ideal with which the patient's ego unites, stands for the breast. It may

be the super-ego's quality of being non-visual which permits it to become one in this way with the non-visual elements of the nursing situation, and to receive the type of oral cathexis that makes for the ecstasies. It is against this type of ecstatic fusion with the breast that the ordinary hypomanic attack, with its emphasis on flight, protects. The same fear of fusion with the breast occurs in neuroses: the screen, representing the breast, in phobias is the claustrum.

The concept of the dream screen as representing the wish to sleep at the breast has led to metapsychological difficulties, since the fulfilment of the preconscious wish to sleep must be sleep itself. These difficulties are resolved if the screen is regarded as representing only the fantasy of sleep in the preconscious. The text of the wish to sleep at the breast lies in the unconscious. This unconscious wish then combines in the normal manner with a preconscious wish for its hallucinatory fulfilment, and uses a regression to perceptual memory-traces. This also resolves the contradiction that unconscious cathexis tends to wake, as the idea of sleep can wake, if, for instance, it means to sleep forever with a deceased love object.

Gert Heilbrunn. 'Fusion of the Isakower Phenomenon with the Dream Screen.'

The author describes in detail his own nightmarish experience of Isakower phenomena in childhood and its legacies in adult life, relating them to their stimuli. Using memories associated with the earliest occurrence of the phenomenon he ascribes their nightmare quality to a linkage with oedipal strivings. The anxiety lessened and eventually disappeared as the formless mass of the Isakower phenomena became fused, soon after entering grade school, with a screen—that of the writing slate. Once the slate-screen was securely established as the main visual element, the figure of a slim dancing girl to be kissed could be projected upon it. In a final dream of this kind at the very end of the oedipal phase the dreamer kissed the girl good-bye.

The intellectual aspect of the screen evolving, as it did, directly from the Isakower phenomena suggests that preoccupation with intellectual pursuits may harbour the impetuous desire for the breast. Many traits of the logician reveal the oral component of this motivation and equate the breast with pure reason.

Esther Menaker. 'Masochism—A Defense Reaction of the Ego.'

The author looks at masochism from the standpoint of the ego rather than from that of the means whereby libidinal gratification is obtained. If the developing early ego-functions, such as speaking, walking, etc., are frustrated, instead of being felt as a fulfilment they come to be associated with displeasure, and are ultimately hated. Hence the

hatred of the self and the accompanying feelings of powerlessness which are the prototypes of the later feelings of worthlessness so characteristic of the moral masochist. Thus the potentiality for hating the self is laid down at an early (oral) stage as a result of traumatic frustration by the mother. The child has to accept the mother's rejection as if it were love, since only so can it preserve the illusion of a good object-relationship and protect the necessary symbiosis with the mother against the danger of separation and loss. Since the loss of the mother at this stage is tantamount to loss of the whole world outside the ego, this is a defence against psychosis. The feelings of worthlessness of the ego, and the aggrandisement of the object are also used later to protect the ego against the fear of loss and to sustain a fantasied gratification of love.

The basis for a later masochistic reaction in hatred of the ego functions is reinforced by identification with the mother's attitude towards the child as weak, helpless, dependent, and with whatever were the mother's strictures towards the child.

Max M. Stern. 'Trauma, Projective Technique, and Analytic Profile.'

The author has previously described his concept of trauma, occurring in the early infantile and oedipal periods, as a necessary part of human development stimulating the urge for mastery of reality. The traumata are accompanied by physiological shock-like reactions and neurosis results not from the traumata themselves but from a failure of the defence against them. In this paper he explains the rationale of his technique of encouraging patients to paint in analysis without goal-directed intention by means of this theory, and illustrates his method with two cases.

The shock-like reactions of the post-natal period, he says, are warded off by immediate discharges into motility. The relief yielded results in the fixation of the magic meaning of expression as a defence against trauma. It is this meaning which painting takes over. It is a means of achieving the same magic mastery through a regression to the same (mainly pre-verbal) level of adaptation as that at which the traumata occurred. This renewal of the technique of magic mastery in itself allays anxiety sufficiently for the patient 'to relinquish repression and to integrate the previously experienced traumata and the impulses connected with them'. This primitive mechanism of adaptation must then be linked through free verbal associations to the thinking of the mature ego.

Stern's technique is to analyse closely both the sequence followed by the patient in the act of completing the picture, and also, not only the choice, but the sequence of his associations to each element of it. This he calls 'a kind of *micro-analysis*'.

He finds that the forces revealed by the sequence of associations mirror the specific dynamics of the

patient. He thus obtains an 'analytic profile' which, coupled with the data of the patient's psychic history, affords both a diagnostic tool and the possibilities of scientific control in psycho-analysis.

The pictures themselves are found to represent 'both a condensation of magic reparation of traumatic experiences and magic gratification of infantile wishes'. The detailed analyses which he presents clarify this and demonstrate his method of interpretation in terms of trauma and shock.

Géza Róheim. 'The Wolf and the Seven Kids.'

This well-known story is analysed to show its origin in the mobilization of body-destructive fantasies by hunger and intestinal disturbances. The wolf's rôle represents the condensation of the child's oral fantasies of destroying the mother's body with the talion punishment for them.

Leon J. Saul. 'The Ego in a Dream.'

This note illustrates extremely clearly how the ego, in sleep, can deal with disturbing stimuli. A man awaiting an operation in conditions of some frustration in a pair of dreams transforms his circumstances into situations of pleasure.

Johh Klauber.

JOURNAL OF THE AMERICAN PSYCHOANALYTIC ASSOCIATION

1, 1953, No. 2

Robert P. Knight. 'The Present Status of Organised Psychoanalysis in the United States.'

This paper, the 1952 Presidential Address to the American Psychoanalytic Association, opens with an interesting and informative account of the Association from its foundation in 1911 to the present time. In 1952 the Association had fourteen approved affiliate societies, a membership of 485 and 900 candidates in training. Of the 485, three-quarters have become members since 1938, one-third since 1948. Psychoanalytic practice and training is conducted in 19 states, though concentrated in 9-10 states. In 21 states there was no practising analyst in 1952. In 1925 American members represented only 16 per cent. of the membership of the International Psycho-Analytical Association; in 1952 they represented 64 per cent.

The controversies which have arisen over professional standards and training are reviewed. The attitude of the American Association to lay analysis is re-affirmed. In 1952 there were only seven lay analysts amongst the membership of the American Psychoanalytic Association. The close relationship existing between psychiatry and psychoanalysis in the United States is emphasized; 73 per cent of the members of the Association are members of the American Psychiatric Association.

Several problems affecting psycho-analytic practice and training are discussed, in particular the

impact of post-World War II conditions which have brought such a great increase in the number of candidates.

Charles Fisher. 'Studies on the Nature of Suggestion—Part I.'

As the state of the individual in analysis resembles in important respects that of the subject in hypnosis it is possible that the factor of hypersuggestibility is present in both. Experiments were carried out by giving suggestions to dream to the following groups of patients: (1) six patients who were undergoing analysis. Care was taken in every instance to minimize any deleterious effect which the suggestions may have had on the course of the analysis. (2) Five of these six patients were used as a control. Instead of the patients being given a dream suggestion, a note was made of any particular suggestion which might have been chosen. Any dream the patient related the next day was studied for possible relationships to the 'pretend' suggestion. (3) A hypnotic control—one patient was given dream suggestions under hypnosis. (4) A normal control group—five individuals not under treatment were given suggestions to dream during the course of social contacts. With regard to the first three groups the selection of the dream suggestion was determined as far as possible by the central conflict situation of any one particular analytic session.

The results indicate that the analytic patients who were given dream suggestions showed certain alterations in behaviour analogous to those shown by hypnotic subjects. The dream suggestions were carried out with the compulsive behaviour characteristic of subjects executing post-hypnotic commands. The hypothesis is advanced that increasing suggestibility is one of the properties of states of induced regression, both hypnosis and analytic transference being included in this designation. There is nothing specific about the hypnotic state; hypnotic phenomena result from the psychological interaction between subject and hypnotist.

Viola Bernard. 'Psychoanalysis and Members of Minority Groups.'

The increasing acceptance of psycho-analysis by the public and the gradual emancipation of minority groups has produced new problems for psycho-analysis in the United States. There is now a greater diversity, both of race and religion, among patients and the analytic trainee population. The respective subcultural groups to which patient and analyst belong can be regarded as constituting a special dynamic factor in the analytic situation with special reference to counter-transference.

Most of the paper is concerned with the problems which arise when Negro patients are taken into analysis. Whereas the analyst must avoid denial on

his part as well as the patients', he must not over-emphasize the role of racial conflicts in the genesis of the illness at the expense of basic unconscious difficulties.

More transcultural analyses and greater cultural diversity among analytic trainees will promote greater interest in the cultural aspects of personality functioning.

Robert Fliess. 'Countertransference and Counteridentification.'

Countertransference is an undesirable accompaniment and a hindrance to treatment. It should be abolished before it becomes evident. Countertransference is always resistance, and must be analysed. The analyst must be able to achieve this via self-analysis, the capacity for which has been enhanced by repeated analyses. Two examples are given of instances where the analyst became aware of the countertransference before the patient which allowed him to perform most of the self-analysis outside the analytic session. One example is given where the analyst produced a symptom of countertransference in the analytic situation.

The effects of countertransference, although difficult to evaluate, are worth discussion. Some reactions on the patient's part may be more than purely transference; they may be overdetermined in part as reactions to countertransference. In one case the author queries whether the analysis, particularly the transference resistances, would have been carried out more speedily if the countertransference had been recognized. Further material is given from one of the cases to show that the countertransference was such as to induce a regressive movement in the patient with accompanying resistance.

Counteridentification cannot be examined as completely as countertransference. Whereas the concept of transference is complete, the concept of identification is fragmentary and in need of elaboration. Identification is the regressive remnant of an object relationship. If regression is intense enough, identification takes the place of object relationship. Countertransference, if its regressive nature be understood, will be in part counteridentification. Counteridentification interferes with the non-regressive identification which as 'empathy' represents a particular phase of the analyst's work. Not all identifications of the analyst with his patient should be termed counteridentification. In counteridentification the analyst's identification occurs—as does the transference in countertransference—in response to the same process in the patient.

Of the two interferences with analytic procedure, countertransference and counteridentification, the latter is on the whole more radical and less overt. Its avoidance depends upon an ego, free from unfit constituent identifications either by nature or by virtue of their analytic dissolution.

Robert C. Bak. 'Fetishism.'

Five points are emphasized in the development of fetishism. (1) Weakness of the ego structure which may be inherent or occur secondarily through physiological dysfunctions or through disturbance of the mother-child relationship. (2) Fixation in pregenital phases, especially anal erotism. (3) The symbolic significance of the fetish corresponds to pregenital phases and may thus represent separately or in condensation: breast-skin, buttocks-faeces, and female phallus. (4) Simultaneous and alternating identification with the phallic and penisless mother, corresponding to the 'split of the ego' (Freud). (5) The identification with the penisless mother leads to the wish to give up the penis and to marked intrastructural conflict. Historically, the pregenital identification with the phallic mother cannot be given up in the phallic phase in spite of the new reality (penisless) because separation from the mother is experienced as a danger equal to, if not greater than, the loss of the penis. Both phases of danger, i.e. of separation and castration, are defended by the fetishistic compromise.

Two case histories are described.

Thomas Freeman.

*JOURNAL OF THE AMERICAN
PSYCHOANALYTIC ASSOCIATION*
1, 1953, No. 3

Norman Reider. 'Reconstruction and Screen Function.'

Freud has shown that when certain patients are presented with a reconstruction they respond with recollections which although not concerned with the actual subject of the reconstruction are nevertheless related to it. These recollections are usually details which are vividly remembered. Freud suggested that the upward drive of the repressed, stirred into activity by the reconstruction, tries to carry the memories into consciousness. A resistance has obstructed this movement with a resultant displacement onto objects of minor significance.

A case is described presenting the reactions of a patient who was offered a reconstruction. This took the form of the idea that about the age of three or four the patient, while being held by his mother, soiled himself, symbolically offering his faeces as a gift to his father. The father left the room in disgust. The patient responded to the reconstruction with scepticism, but went on to relate how embarrassed he might have felt (embarrassment was an outstanding emotional reaction of the patient). He added a memory, often previously related in the analysis, of how he had bought a gift for a friend's small daughter not knowing that it was her birthday. When his friend told him this he was extremely embarrassed. He lied not admitting his ignorance of the child's birthday. In his recollection of this after the reconstruction he revealed that he

had bought the gift not so much for the child as to please the father. The bridge between the original experience in early childhood and the screen experience was the intense affect of embarrassment.

Recollections which are provoked by reconstructions indicate displacements onto 'adjacent objects' and are screens. In this case the reconstruction constituted a demand which made the patient attempt to break through the repression. This led to immediate aggravation of the symptoms and to the tendency to use a screening process.

Charles Fisher. 'Studies of the Nature of Suggestion—Part II.'

The induction of an experimental dream depends upon the existence of a certain ego control of dreaming and the possibility of this control being taken over by another individual. Some experiments were conducted on a group of patients in analysis and on normal individuals with the aim of investigating the transference meaning of giving suggestions. The patients reacted by producing dreams which expressed pregnancy and childbirth wishes in pregenital terms.

Suggestions are accepted or rejected in relation to the degree of anxiety or gratification activated by certain incorporative or expulsive phantasies. The suggestion is accepted if it is unconsciously equated with a 'good' substance and rejected when equated with a 'bad' substance. Similar mechanisms may be operative when suggestions are accepted or rejected by normal subjects in non-therapeutic situations. Suggestibility is probably associated with a regression from the reality ego to the pleasure ego.

Gregory Rochlih. 'The Disorder of Depression and Elation.'

Four cases are described to illustrate some of the psychological processes which are important in the transition from depression to elation and *vice versa*. In these cases the pattern of development, the conflicts, and the methods of defence were identical. Oral and anal impulses were unusually intense. At times sadistic, aggressive impulses were uppermost and passive trends held back. On other occasions the opposite occurred.

Samuel J. Sperling. 'On the Psychodynamics of Teasing.'

Clinical illustrations and references from anthropological and sociological sources are given to illustrate the basic psychodynamics of teasing. In teasing the ego gains control of sado-masochistic drives by partly (a) inhibiting, (b) directly expressing, and (c) converting them into playful, pleasurable activities. This social value of teasing must not be confused with the original anti-social aim of the activity. Sulking is described as the type of withdrawal to which the teased person resorts to indicate

his willingness to continue the interactivity under less disturbing conditions.

The origins of teasing may be found in the tickling games of infancy.

Playful teasing of the analyst may herald the expression of strong transference feelings, especially of a sado-masochistic and exhibitionistic nature. Patients may attempt to tease the analyst out of his relatively silent or 'passive' role. Extremely stubborn resistances arising out of fears of ridicule or embarrassment can be influenced by giving attention to the repetitive teasing experiences that helped to establish these in childhood.

Gustav Bychowski. 'The Problem of Latent Psychosis.'

The problem of latent psychosis is discussed from three points of view. (1) Diagnostic: several groups can be delineated which may hide a latent psychosis, e.g. neurosis, perversion, addiction, psychopathy, etc. Descriptive data are inadequate to confirm a diagnosis. Further clarification can be obtained from (a) clinical observation in the therapeutic situation. (b) Psychological testing; some of the problems arising with these methods are discussed. (2) Dynamic structure of the latent psychosis: In the course of early development the splitting mechanism comes into action so that early ego states remain untouched under the cover of later ego formations. These archaic ego constellations form psychotic nuclei which under environmental stress contribute to a breakdown of ego defences with a resulting break with reality. A case report illustrates this thesis. (3) Therapy of latent psychosis: the precipitation of a florid psychosis as a result of psycho-analytic therapy is no longer excusable. Therapy must be flexible. Only periodically can it be conducted as with a psycho-neurotic patient. Modifications aimed at protecting and strengthening the ego must be introduced. Problems of technique are discussed.

Leo Rangell. 'Interchangeability of Phallus and Female Genital.'

Several clinical instances are described which illustrate the interchangeability of penis and female genital.

Mary McK. Cushing. 'The Psychoanalytic Treatment of a Man Suffering with Ulcerative Colitis.'

A successfully treated case of ulcerative colitis is described. The symptoms arose whenever the patient's control was threatened. The major factor in recovery was the experiencing of a close relationship in which satisfaction was possible. Technical problems and recommendations are discussed.

Thomas Freeman.

*JOURNAL OF THE AMERICAN
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1, 1953, No. 4

Siegfried Bernfeld. 'Freud's Studies on Cocaine, 1884-87.'

Freud's studies on cocaine constituted his first scientific encounter with the neuroses; the cocaine episode therefore bears directly on the development of psycho-analysis. The first two sections of the paper deal with (1) 'Freud's Monograph on Coca, 1884'—this section gives a factual account of Freud's interest in and work on the drug with the subsequent publication of the monograph. (2) 'Koller's Discovery of Local Anaesthesia through Cocaine—1884'—Freud acknowledged Koller's priority in this discovery. Two factors may have predisposed Freud to overlook the local anaesthetic properties of cocaine: (a) the absence of an interest in surgery, and (b) his father's eye disease, glaucoma, which may have led to a repression of all ideas concerning operations to the eye. In the third section entitled 'Cocaine and Neurasthenia, 1885', Freud's interest in cocaine as a therapeutic agent in psychiatric disorders is described. The beneficial effect which the drug had upon himself led Freud to the belief that it might have equally beneficial effects upon others suffering from depression, weakness, etc. He did not continue with this interest after his return from Paris. The fourth section deals with the final outcome of the cocaine episode. The discovery that addiction to cocaine occurred resulted in Freud's views falling into disrepute. His plea, contained in an article 'Craving for and Fear of Cocaine, 1887', that it was not the drug which was at fault but the inner weakness of those who became addicts, fell on deaf ears.

In the last portion of the paper entitled 'A Parapraxis' a theory is proposed to explain why Freud consistently gave 1885 as the year in which he recommended cocaine, whereas in fact it was 1884. In his paper 'Craving for and Fear of Cocaine' he had stated that he had never advocated the subcutaneous injection of cocaine, which was then considered to be more harmful than oral administration. However in 1885, two years earlier, he had recommended this method of administration at a lecture to the Psychiatric Society. His friend and teacher Fleischl whom he had tried to help had ended as a cocaine addict. Conflict and guilt stimulated by the fear that instead of having discovered a helpful remedy he had promoted the use of a poison led to a repression which in turn led to the parapraxis.

Edoardo Weiss. 'Federn's Ego Psychology and Its Application to Agoraphobia.'

This paper is adapted from a talk which the author gave to a circle of former students of Paul Federn on the occasion of the publication of his

book *Ego Psychology and the Psychoses* in December, 1952.

Freud's revision of his instinct theory facilitated the development of Federn's concepts. He thought of the ego cathexis as a biological fusion of libido and 'mortido' (death drive). He did not consider that the term narcissism covered all the manifestations and modes of operation of the ego libido.

The wealth of new ideas which Federn provided to explain many details of the ego's dynamic functioning and of psychotic processes may be gathered from numerous examples—two of these being (a) states of estrangement and depersonalization were due to a deficiency of ego cathexis, (b) Federn distinguished between the sense of reality and reality testing. The psychotic patient, owing to changes in the inner ego boundary cathexes, experiences mental data as external reality. Only later does the patient break with reality under the influence of an already distorted reality.

In the latter section Weiss points out that in certain phobias the danger is sensed as an inner one. Here an ego feeling disturbance is the specific cause of anxiety. Very often the body ego may be affected by feelings of depersonalization. Typical ego experiences often appear only when the patient ventures a certain distance from the place of security. The factors most responsible for the ego disturbances consist of repressed ego states and intense unconscious identifications with parent figures, siblings, or children.

Ego disturbance, dependence upon persons who can give reliable support, intolerance of any personal restrictions, constitute a triad in the symptomatology of agoraphobia. Treatment must be pursued with caution. Male therapists must often face difficult transference situations with female phobics. Such patients cannot tolerate frustration. Too much forcing to overcome the phobia can lead to adverse effects.

George Devereux. 'Cultural Factors in Psychoanalytic Therapy.'

Culture is a characteristic human trait. Although the human psyche and culture are the results of a biological potentiality, neither can be considered as biological characteristics of the genus *Homo*, but must be thought of as uniquely human characteristics of man. The culturalization of man is dependent upon and the result of the substitution of biological impulses by plastic, economical, goal adapted behaviour. Both psycho-analysis and anthropology study that which is distinctively human and both are sciences concerned with individuality and differentiation.

The human being experiences culture in five different ways; depending upon whether he is (1) normal, (2) immature and regressed, (3) neurotic, (4) psychotic, (5) psychopathic. The normal adjusts to and experiences culture; the immature

manipulates culture in anachronistic ways; the neurotic reinterprets culture in accordance with his unconscious conflicts; the psychotic repudiates culture; the psychopath fights a battle with culture. He fails to internalize culture, as do all the other groups except the psychotic.

Observations are recorded from the psychoanalysis and psychotherapeutic research conducted with several American Indians.

Judd Marmor. 'Orality in the Hysterical Personality.'

Tradition has perpetuated the myth that hysterical illnesses are the easiest to relieve. Although hysterical symptoms may be easily dispelled, an underlying hysterical character can be influenced only with the greatest difficulty. Under extreme stress the hysterical character reacts with oral regression, with depressive or schizophrenic symptomatology, or with some form of addiction. The resistance of the hysterical character to change, the immaturity and instability of the ego structure, and its close relation to psychoses, are best explained on the basis of deep seated oral fixations. A hysterical patient's analysis is reported in which the earliest basic fixations were in the nursing period.

The inability of hysterics to solve the Oedipus complex is the consequence of oral fixations. If this assumption is correct some of the material presented by patients in analysis will require reevaluation. For example, the incestuous dream of the hysteric may conceal behind the symbolic wish to cohabit with the mother (or father) a deeper, pre-genital wish to be loved and protected by her (or him) to the exclusion of the rest of the world. Many of the manifestations of the castration complex become more meaningful when they are understood, not in terms of genital anxiety, but in terms of fear of losing love or being cut off from the mother's breast. The pseudo-sexuality of the hysteric may be interpreted too exclusively along genital lines without considering its pre-genital significance. The sexuality of the hysteric is false primarily because it expresses a pre-genital oral receptive wish rather than a genital one. An orally fixated individual may be either neurotic or psychotic, depending upon the balance between ego strength and ego stress.

Peter Hobart Knapp. 'The Ear, Listening and Hearing.'

The ear can serve as a substitute for both female genitalia and anus. The ear is more than a receptive opening; it is also a protuberance which can be valued as a symbol of strength. Clinical material is described illustrating the bisexual symbolism of the ear.

The act of listening contributes to super-ego and ego functions. A connection exists between voice and command. The prohibitions of the

adult become the 'voice of conscience'. Speech is taken in through the ear and ultimately the attitudes of the 'environment'. The basic contribution, beyond that of words, which audition makes to ego development remains obscure, but it seems that the ears do help to develop many special skills. Hearing can serve as an emotional instrument. In respect to crude sounds hearing is similar to the sense of smell, which is largely repressed in civilized man, yet retains powerful affective associations. Auditory suppression is very important in sleep; dreams are usually soundless. The ears as a vehicle for language and affectively toned sound may be specially sensitized in certain individuals who later develop hysterical 'deafness'. It is possible that unconscious attitudes concerning the ear may actually alter its physiology. The pathogenesis of certain ear disorders is unknown. Emotional factors have been implicated as precipitants in otosclerosis.

Louis Linn. 'The Rôle of Perception in the Mechanism of Denial'.

The defence mechanism of denial is directed against external reality. With this in mind it follows that perception must play an important rôle in this defence mechanism. The undeveloped perceptual apparatus in childhood facilitates denial, since what is inaccurately perceived is more easily moulded in accordance with the predominant wishes. If the capacity for denial weakens as the perceptual apparatus develops, then, conversely anything which interferes with perception facilitates denial. Clinical illustrations are presented to support this hypothesis. Patients who develop defects of perception and memory do not all indulge in denial to the same extent. The readiness to employ denial depends upon certain features in the character structure of the patient. Striking disturbances of brain function may occur without the patient developing any of the characteristics of denial of illness. Many patients utilize denial freely in chronic elated states without there being any organic impairment of perception or memory. However some observations reported on four patients with a marked tendency to employ denial suggest that in such elated states there is a disturbance of perception. This tendency is termed 'inexact perception'. A need for denial arises in those cases where there is a disturbance of perception. In such cases with an intact perceptual apparatus the 'inexact perception' originates in the wish to avoid the anatomical reality of the female genitalia. It then spreads to a generalized tendency towards making inexact observations. In patients suffering from organic brain diseases a caricatured exaggeration of 'inexact perception' can be observed, namely a functional disturbance of perception based on the patient's need for denial.

Denial and repression may be closely related. An example is given which shows that although repression was the final defence the preliminary

denial of an external reality made a more effective repression possible. The association between orality and denial may be due to the fact that in the infant's post-prandial state of clouded consciousness bad memories are denied, only good memories and affects are retained. The depressed patient tries to recapture this infantile post-prandial state. He may do so with food or with alcohol or with drugs, producing a dreamy state in which perception and memory are impaired and denial is thereby facilitated.

Thomas Freeman.

SAMIKSA

7, 1953, No. 1

Bernard A. Kamm. 'Reality: Past and Present.'

The relationship of reality and psychic reality, and the unconscious restrictions on the perception of reality are examined. Because of these residual unconscious restrictions even in the well-analysed person, there is always the danger of trying to fit a wider reality into preconceived ideas of reality which are attached to unconscious thinking patterns. Illustrations are found in the work of painters and poets.

S. S. Feldmann. 'A Syndrome Indicative of Repressed Oral Aggression.'

A group of signs indicative of strong oral aggression is described. It consists of (a) reactions of disgust, anxiety, or aggression to certain types of noise, such as belching, stroking certain surfaces, scratching plates, 'cracking' finger joints, etc., and (b) food phobias. These traits have been found all to be defences against cannibalistic wishes.

7, 1953, No. 2

Tibor Agostan and M. W. McCullough. 'Some Observations on Manic Psychosis.'

Classical psychiatric descriptions of mania are examined. The manic process is seen in terms of 'early severe traumatic neurosis (with partial regression to oral and narcissistic levels); later by a precipitating trauma a prodromal stage develops which finally ends in manifest manic symptoms.'

This 'emergency mental equilibrium' results from the use of every possible means of 'first aid' defence.

K. R. Eissler. 'On Hamlet.'

This paper is part of a forthcoming study on two incidents of psychotherapy in Goethe's life. Factors in the universal appeal of the play are examined. Justification is given before treating the play as one would treat the manifest content of a dream.

Hamlet, it is suggested, is not an adult neurotic, but the soul of a child with the intellect and body of an adult. His procrastination is the expression

of his oedipal conflict, and the play portrays his gradual emotional development. The paper is continued in the following number of *Samiska*.

Leon J. Saul. 'Brief Therapy of a Case of Torticollis.'

A torticollis of seven months' duration in a 29-year-old lawyer was relieved by three psychotherapeutic interviews. In these the patient faced his hostile competitiveness which meant 'defeat or be defeated.' This attitude was shown to exist in the transference, in his present-day life, and throughout his childhood, with associated tension and guilt.

7, 1953, No. 3

Edmund Bergler. 'Technical Problems with Couples Analysed Simultaneously by the Same Analyst.'

Two conditions for a favourable outcome are required, (a) correct timing, the second patient beginning a few months after the first, and (b) tact in the use of material.

Against a few advantages in both being treated by the same analyst, a number of the innumerable difficulties are mentioned, but it is maintained that considerable shortening of the analyses can be achieved.

K. R. Eissler. 'On Hamlet.'

The first half of this article was published in the previous number of the journal. Further examination of Hamlet's soliloquies demonstrates his gradual integration, through a succession of actions and reflections imposed on him from outside, the reorganizing of his defences, and his eventual internal freedom.

Numerous references are given to other authors' studies of Hamlet, and these are critically examined.

Gerda Barag. 'Clinical Notes on Kleptomania.'

An outline of the meaning of stealing in the analysis of a woman of 22 is described. Stealing was usually from women, and alternated with masturbation. It contained her oedipal desires for her father, her penis envy and her anal and oral aggression towards the mother.

7, 1953, No. 4

Leon J. Saul. 'Psycho-Somatic Aspects of Peptic Ulcer.'

Frustrated fight-flight reactions may result in psychosomatic disorders. Cases are quoted to illustrate the development of peptic ulcers out of frustration of oral dependent-receptive and aggressive needs and are graded from reactions to unusual external stress, to those with deep-seated personality disorders.

Benno Safier. 'A Psychological Orientation to Dance and Pantomime.'

Dancing and dances, where some of the restraints of ordinary convention are removed, are briefly examined mainly in the light of the body schema, the stages of libidinal development, and the defence mechanisms.

Clara Thompson. 'Transference and Character Analysis.'

The author briefly traces the discoveries and development of transference, ego psychology, and character formation. Following Sullivan and Fromm, character structure is defined as 'the defensive reactions developed around transference.' Case and strengthened by repeated life experience. material illustrates that patients need to be shown not only the history of their transference distortions but also their defensive value.

Henry Harper Hart. 'The Meaning of Circumstantiality.'

From the analysis of a patient and references to the literature, the author concludes that circumstantiality is based on regression to oral and anal levels. It also performs defensive functions for the ego, where ego-development has been faulty and arrested, though to a lesser degree than in the schizophrenic or manic-depressive.

Gordon Levinson

THE JOURNAL OF MENTAL SCIENCE 100, 1954, No. 419

Edward Glover. 'The Indications for Psychoanalysis.'

Psychoanalysts have so far failed to be objective in assessing the therapeutic results of psycho-analysis, which are probably no better than those of other psychotherapies. There has been inadequate recognition of the fact that the validity of psychoanalytic theory has never depended upon therapeutic results. There follows a brief and lucid account of the principles underlying psychoanalytic therapy and the developmental approach of psychoanalysis to mental illness. Two factors, (a) degree of ego disorder and (b) transference potential, are of value in estimating prognosis in the psychoneuroses and psychoses.

Illnesses characterized by symptom formation being predominantly related to one developmental phase more easily allow of precise prognosis and is more difficult with the character abnormalities and the psychosexual disorders. Alcoholism is used to illustrate a solution to the problem. Four groups are described, each group being related in order to anxiety, obsessive, depressive, and persecutory states. Prognosis will depend, be it psychosexual or character abnormality, on the associated pathological defence.

Cases may be subdivided into three groups: (a)

those in which cure can reasonably be expected, e.g. anxiety and conversion hysteria; sexual, marital and occupational disorders which are 'equivalents' of a neurotic symptom formation arising from the later infantile genital phase of development. (b) Those in which considerable improvement may be expected, e.g. obsessional neurosis and obsessional character; sexual perversions (transvestism, fetishism) having their roots in pregenital layers of development; certain phobias and conversion hysterias and the 'equivalent' in sexual and social disorders which owing to the operation of pregenital fixations are more resistant to analysis. (c) Those in which only slight improvement is to be expected, e.g. types of alcoholism which cover an endogenous depression or paranoid state; cases of anxiety hysteria which appear to have a psychotic substructure; severe cases of psychopathy, psychoses, sexual perversions, and inhibitions, including some apparently simple cases of impotence and frigidity. The paper concludes with a short postscript on lay analysis.

Gregory Zilboorg. 'Scientific Psychopathology and Religious Issues.'

There exists a conflict between religion and science, particularly between scientific sociology and psychopathology on the one hand and religion on the other. This conflict is due to a confusion which exists between science and scientism. Science can explain the mechanics of a phenomenon but does not claim to give an ultimate explanation of the phenomenon itself. Scientism does make such claims. It attempts to give answers to metaphysical and theological questions. Just as theological and metaphysical answers to scientific questions cannot be considered seriously, so scientific answers will not explain theological and metaphysical questions. Scientism brings in its train a worship of the human mind which is a narcissistic phenomenon and does not lead to self-knowledge.

As a result of scientism the individual becomes lost as a person and becomes engulfed in a conflict for which there should be no place in the life and functioning of the contemporary scientific mind. Under the influence of scientism the mind becomes lame because 'Men become things, living beings become mechanisms, thinking in universals replaces the encounter with individuals. Men are made into the objects of calculation and management, of research and test, into means instead of ends. The I-Thou relation, the person-to-person encounter is lost. God himself becomes a moral ideal or a philosophical concept or a being whose existence or non-existence can be argued for. But a God who is an object is not God at all.'

Freud is cited as an example of one who attempted to remain a biologist, a logical positivist, a devotee of scientism, whereas in fact he made the greatest contribution towards the rejection of disindividualized scientism for the method of psycho-analysis

is the method of the ever-deepening study and recognition of man as a person, not man merely as a statistical datum.

Thomas Freeman.

THE AMERICAN JOURNAL OF
PSYCHIATRY
109, 1953, No. 11

Albert C. Sherwin. 'Reactions to Music of Autistic (Schizophrenic) Children.'

The well-known absorption in and interest for music in autistic children caused the author to devote special attention to this feature. Identical male twins aged three and a half were treated in weekly sessions at the Payne Whitney Psychiatric Clinic's out-patient department. The boys presented the usual clinical picture of such children: food fads, very incomplete habit training, poor and obsessional play activity, complete lack of speech, and a marked interest in music. The mother is described as narcissistic and immature, the father as compulsive and intelligent. The mother was quite unconcerned about the abnormality of her children, but the father started a search for medical advice when the children were eighteen months old, and finally Dr. J. L. Deperts diagnosed them as autistic at the age of three. The mother's favourite was A., the first-born, and he responded with a 'glassy stare'. He was clinging to the mother and ignored all the other adults. B. showed some preference for the father but ignored all adults more or less. The first six months of treatment showed slight improvement—more so in B. B.'s first word was 'car'—the car that brought him to the Clinic. Both children formed some contact with their respective therapists who were at first treated as objects or completely ignored. In the last four months of treatment, which lasted altogether ten months, most of the gains were lost again owing to family unrest. The children were referred to the James Jackson Putnam Children's Center, and Dr. Sherwin's paper ends here.

No details about the family are given; only the fact that the twins had been separated is mentioned. B., for whom the father could not care during daytime, was entrusted to a 'rigid, ignorant and rather rejecting woman.'

The author does not mention any further contact with the parents or any advice given to them. The setting for treatment or special training of the hospital staff is not mentioned either. The reader is thus unable to get any clue as to why the twins improved first and deteriorated later. As Dr. Sherwin took a single feature out of the whole syndrome, he describes only the result of this experiment. A., the mother's darling, was treated by a female therapist who sang to him, eliciting an occasional smile by such means. B., who was treated by the author, had the piano played to him for ten minutes of each session, starting with the

third. The child's initial response was to rock in time to the music. In the sixth session, B. started to push the therapist's hand towards the piano or to guide the therapist towards the instrument; on one occasion he even tried to climb into the piano. Strongly marked rhythm attracted him most. In the author's words 'there was little doubt that the responsiveness to the therapist was originally based upon the association with his producing the music'.

In the experimental sessions the singing of the children was recorded by a tape-recording machine. A.'s production is described first. The first example shows a mimicry of the therapist's singing—almost screaming in a high pitch. Another example shows a repetitive rendering of a record well known to the child. The child's anxiety is very marked; everything is rendered in high pitch, almost screaming and at great speed. No conclusion can be drawn from these examples, and the author does not try to draw any. At another time when the boy was more relaxed he sang a nursery rhyme quietly and correctly.

Of B., the father's boy, treated by Dr. Sherwin, the author gives a recording of highly repetitive four tone melodies which the patient repeated while urinating next the door with an obvious desire to get out. Otherwise the examples show the same characteristics as those of A.

C., another patient at the Payne Whitney Clinic, was recalled for two experimental sessions. This child, aged four and a half, had been treated by another therapist for one year. The father of this patient is not mentioned, and the mother, who had some treatment herself, is a singer, stutters badly, and seems rather withdrawn, punitive, and anxious. The complaints at the time of admission were more or less the same as with the twins; lack of contact and no speech development were outstanding. Contact with the mother was very marked, clinging, and possessive. The boy demonstrated his affection for the mother in a strange kind of kissing. He would place his mouth upon her face, making noises and rolling his eyes simultaneously. When this habit appeared is not mentioned. Until the age of two the boy was withdrawn and inactive. Between two and three he became more active and outgoing, with a marked restlessness. This boy, who had started a behaviour change before the onset of treatment, continued to improve, and the improvement increased after treatment ended. In the experimental sessions the author played for the patient first a selection of pieces fit for the normal age group. In the second session he played pieces familiar to the boy. In both sessions the child behaved in the same way. After a time he wanted to sit on the player's lap, or placed his hands on those of the author. No singing on the child's part occurred in these sessions. With the increasing improvement the boy's absorption in music became less, and at the experimental sessions at the age of four and a half, the boy's singing is less accurate

and represents the normal standard for his age group. The author stresses as most important the fact that the musical interest and performance decreases with a more normal development.

Hedwig Hoffer.

THE AMERICAN JOURNAL OF PSYCHIATRY

110, 1953, No. 3, pp. 204-7

Sydney G. Margolin, M.D. 'Psychophysiological Basis of Medical Practice.'

Most clinics working with severely sick psychosomatic patients arrive empirically at a certain type of psychotherapy which consists of kindness, tolerance, indulgence, allaying of anxiety by any available means of trial-and-error. Those physicians who are successful in their management of such patients with psychosomatic illnesses, appear to possess the 'art of medicine' in the highest degree, which seems to be a characterological asset. The treatment, as further developed by Margolin, is divided into three parts: the first is called *Analetic Therapy*, indicating a close mother-infant transference relationship. An active nonverbal form of communication is established. Instead of formal daily scheduled interviews, the therapist seeks the patient out wherever he is, several times a day, and tries to establish a demand-feeding schedule. Physiological needs of hunger, fondling, rest, and play are anticipated and indulged. Food may be prepared and provided by the therapist. In the second phase, the therapist continues to gratify the expressed and unexpressed needs of the patient while verbally interpreting the patient's wishes. Only the third phase of treatment consists of re-education and extensive expressive psychotherapy which may include psycho-analysis.

Martin Grotjahn, M.D.

MONATSSCHRIFT PSYCHIAT. NEUROL.

127, 1954, pp. 213-27

Hans Christoffel (Basle). 'The Psychiatry and Psychology of Felix Platter (1536-1614).'

F. Platter's *Laesiones mentis* is a classification of psychological disturbances, together with an account of their aetiology and treatment, 75 quarto pages long. This psychiatry is the introduction to Platter's three-volume textbook of *Medicine, Praxis Medica*, which was first published in 1602 and appeared for the last time in 1736. Description of this late-humanist psychiatry and its connections to the present day. Particularly noteworthy is the relationship between the physical-metaphysical ideas of Platter and the psychological ideas of our time. Platter's outstanding personality was not free from abnormal traits of character, which until now have appeared incomprehensible. The attempt is made to understand them by considering together the author and his work.

(Author's Summary.)

PUBLICATIONS RECEIVED

(Appearance in this list does not preclude subsequent review.)

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Members and Associate Members of the International Psycho-Analytical Association are reminded that competitors for the Clinical Essay Prize must send in their work to the Hon. Scientific Secretary of the Institute of Psycho-Analysis, 63 New Cavendish Street, London, W.1, by 31 March of the year in which they wish to enter the competition.

The conditions governing the competition are the following:

A prize of (not exceeding) 30 guineas is offered.

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The essay shall consist of a clinical record of a case investigated by psycho-analytical methods. It should illustrate clearly the events and changes in the mental life of the patient and their relation to external environment. In awarding the prize, the Judges will pay attention to acuity of observation and the clarity with which the facts are stated. If the writer wishes to draw theoretical conclusions, he must bear in mind the necessity of making the evidence for such conclusions carry conviction.

It is recommended that the length of the essay should not exceed 20,000 words.

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Essays must be submitted on or before the 31st day of March in any year, in the English language. They must be typescript on quarto paper with ample left-hand margin. They must be in triplicate and be sent to the Hon. Scientific Secretary of the Institute. All copies of essays submitted become *ipso facto* the property of the Institute (or its successor) while it has the appointment of the Trustees for the Prize Fund.

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If no essay of merit worthy of a prize is submitted in any year, no award shall be made for that year.

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The prize shall be given to the writer of the best essay in the opinion of the Judges submitted in any year, but the prize may be awarded to the same person twice, provided that he submits a second essay of sufficient merit in a later competition, and that the prize shall not be awarded more than twice to the same person.

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The competitor to whom the prize is awarded in any year may be called the Clinical Prizeman for that year.

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108TH BULLETIN OF THE
INTERNATIONAL PSYCHO-ANALYTICAL ASSOCIATION

EDITED BY

RUTH EISSLER, M.D., GENERAL SECRETARY

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3rd	"	1911	Weimar, Germany	Carl J. Jung
4th	"	1913	Munich, Germany	Carl J. Jung
		1914		Karl Abraham
5th	"	1918	1914-1918: World War I	
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The XIX International Psycho-Analytical Congress will take place in Geneva, Switzerland, from Sunday, July 24th through Thursday, July 28th, 1955.

The Programme Committee, under the chairmanship of Dr. Phyllis Greenacre (211 Central Park West, New York 24, N.Y.) and Dr. Ernest Kris (135 Central Park West, New York 23, N.Y.), request that all papers or full abstracts of papers be submitted not later than February 20th, 1955.

In view of the experiences at previous Congresses, it was decided by the Programme Committee to limit the number of papers, in order to allow more time for fuller discussion from the floor. Therefore, a careful selection will, of necessity, have to be made from among the papers and abstracts submitted.

RUTH S. EISSLER, M.D.,
Hon. Secretary.

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